



MEDICONNECT CONSULTING

Dr Frank Lepre

(Dr/Mr/Mrs/Ms/Miss) Surname: _____ First Name: _____

Date of Birth: ____/____/____ Country of Birth: _____

Home Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____

Next of Kin: _____ Relationship: _____

Medicare Number: _____ Ref No: _____ Expiry Date: _____

DVA Number: _____

General Practitioners Details

Usual General Practitioner: _____

Surgery Address: _____

Other Treating Doctors: _____

Surgery Address: _____

Medical History:

Drug Allergies: _____

Regular Medications: _____

I hereby accept responsibility for payment of my account. I give permission for Dr Frank Lepre to collect information and if necessary to share information with other Health Practitioners in order to provide optimum treatment.

Signature: _____ Date: _____

ALL INFORMATION OBTAINED IS PART OF YOUR PROTECTED MEDICAL RECORD

PLEASE TURN OVER

Financial Consent – Billing Policy for Private Patients

Dear Patient,

It is a requirement under the Medicare Australia guidelines to provide informed financial consent to all patients. Private health insurers also require this process to be undertaken formally and the information below is provided so you can make informed decisions about the care you require and the associated expenses.

Schedule of Fees for Private consultations:

	Time Allocated	Fee Payable at the time of Consultation	MBS Item Number	Medicare rebate
Initial Standard Consultation	30 minutes	\$280.00	110	\$137.65
Subsequent follow up consultation	15 minutes	\$140.00	116	\$68.90
Initial Complex Consultation	45 minutes	\$400.00	132	\$240.75
Subsequent follow up consultation	20 minutes	\$200.00	133	\$120.55

Electronic payment options (e.g. eftpos/VISA/MasterCard credit transactions) are available. Cash will also be accepted – however please note that you will need to present the correct amount as change is not always available.

Name

Signed

Date