

# Dr Chloe O'Dea

Title:..... Surname..... Given Name .....

Postal Address:.....Pref Name.....

Suburb:..... State:.....Post Code:.....

Date of Birth:...../...../.....Phone(H/M):.....(W):.....

Email: .....

Occupation .....

Emergency Contact:..... Phone No (H/M).....

Medicare No. .... Patient No. .... Expiry Date: .....

Private Hospital Fund .....Membership No. ....

Pension No or Health Care Card No. ....

Veterans Gold Card No. ....

Name of GP .....

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## Privacy of Information Authority

I consent to Dr Chloe O'Dea collecting information relevant to my health and treatment and sharing this information with other health care providers involved in my care. The information may also be used for data collection and in research publications in Medical Journals (I understand I will not be specifically identified).

## Fees

### **PAYMENT IS REQUIRED IN FULL ON THE DAY OF CONSULTATION**

A portion of the fees charged for consultations in this practice are reimbursed by Medicare. Pensioners and Health Care Card holders are charged at a reduced rate.

### **RADIOLOGY/PATHOLOGY FEES**

Any x-rays or pathology performed on the day of your consult will incur a fee from the relevant provider e.g. (Benson Radiology, Radiology SA, Clinpath). Please discuss any fees with that provider should you receive an account.

### **HOSPITAL FEES**

If admission to hospital is necessary, accounts from other providers may be received.

Please turn over for a list of Dr Chloe O'Dea's fees

**PLEASE READ AND SIGN**

|                        |                |           |                                       |
|------------------------|----------------|-----------|---------------------------------------|
| Initial Consultation   | Full Fee       | \$200.00  | (\$78.05 reimbursement from Medicare) |
|                        | Concession Fee | \$170.00  | (\$78.05 reimbursement from Medicare) |
| Follow-up Consultation | Full Fee       | \$ 120.00 | (\$39.25 reimbursement from Medicare) |
|                        | Concession Fee | \$ 100.00 | (\$39.25 reimbursement from Medicare) |

Dr O’Dea may perform a breast/thyroid ultrasound or breast/thyroid fine needle aspiration biopsy. If you are not on a pension or health care card there will be an additional fee for this. Please ask our reception staff if you require an approximation of costs.

I have been informed of the above fees charged for services at this practice and I accept responsibility for the payment of these fees. Should it be considered necessary to incur legal and/or other expenses, including any such expenses to any debt collection agency, in obtaining or attempting to obtain payment of any amount due by the Patient, the Patient shall be liable for, and expressly undertake to pay, such expenses.

Medicare require you to supply a current referral from either your current GP or Specialist. Your Specialist will correspond with the referring doctor. Without a current referral Medicare will not pay you a rebate. Referrals from your GP are valid for 12 months from your visit and 3 months from a Specialist. However, if you are able to obtain an "indefinite" referral from your GP, there will be no need to obtain a new one every 12 months.

Specialists are unable to write “indefinite” referrals.

Name (please print) .....

Signature ..... Date .....

**Please ask our reception staff if you have any questions or problems concerning the payment of fees**