

## PATIENT REGISTRATION FORM

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## PLEASE COMPLETE DETAILS IN BLOCK LETTERS

Mr/ Mrs / Ms / Miss / Mst / Dr	· / Prof:		
		SURNAME	GIVEN NAME
HAVE YOU? (Please tick below)	)		
Pension Card		Veteran Affairs Card	
No:		VX:	
EXPIRY DATE:			
DATE OF BIRTH:			
ADDRESS:			
SUBURB:		POSTCODE:	
MOBILE NO:		HOME NO:	WORK NO:
EMAIL:			
OCCUPATION:			
MEDICARE NUMBER:		REF #:	EXP DATE:
REFERRING DOCTOR:			
PERSON RESPONSIBLE FOR ACC	COUNT (if not p	patient):	
NAME: DATE OF BIRTH:			
ADDRESS:			
Heidelberg Dermatology is cov Privacy Principles as set out in	•		Health Record Act (Victoria) 2001 and the National
To comply with our obligations that information.	under these a	cts, we have policies about how we ma	nage information about you and how you may access
The initial consultation fee is \$	250.00 (skin) o	f which \$78.05 can be claimed from Me	dicare.
\$260.00 (hair) of which \$78.05 can be claimed from Medicare.			
\$	320.00 (skin an	nd hair) of which \$78.05 can be claimed	from Medicare.
Review consults fees \$180 (Ski made if there is a valid referral			9.05 can be claimed from Medicare. Claims can only be
As part of your consultation di	gital photograp	ohs may be taken. These will become pa	art of your medical records
Biopsies and other investigatio	ns may be sent	t for analysis and you may receive an ac	dditional invoice from the pathology company.
SIGNATURE:		DATE:	
Privacy Policy: In accordance w	vith Australian	Privacy Principles (APPs) under the Priv	acy Amendment (Enhancing Privacy Protection) Act

2012 and the Health Records Act 2001 (VIC) your personal records are securely stored and not disclosed to any third party.