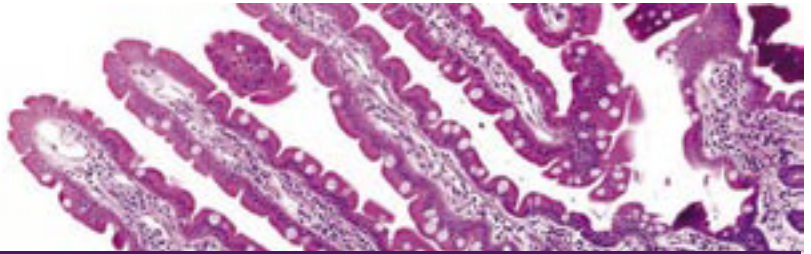


Dr Paul Froomes

Consultant Physician & Gastroenterologist
BMedSci MBBS FRACP MD



CONFIDENTIAL PATIENT REGISTRATION

Personal Details: Mr Mrs Master Miss Ms Dr

Surname: _____ **Given Name:** _____

Date of Birth: ___/___/___ **Occupation:** _____

Address: _____ **Postcode:** _____

Phone: Home: _____ Work: _____ Mobile: _____

Next of Kin: _____ **Phone:** _____

Name of your General Practitioner _____

Address: _____ **Phone:** _____

Claim Details: **Medicare No:** _____ **Ref No:** _____ **Expiry Date:** _____

Do you have Private Health Insurance? Yes No

Fund Name: _____ **Membership No:** _____

Concession: Aged or Disability Pension No: _____ **Expiry Date:** _____

Veterans Affairs Card No: _____ **Expiry Date:** _____

Health Care Card No: _____ **Expiry Date:** _____

Fees: Initial Consultation: \$275.00 (Medicare rebate \$128.30)
Review Consultation: \$175.00 (Medicare rebate \$64.20)

Health Care Cardholders

Initial Consultation: \$250.00 (Medicare rebate \$128.30)

Review Consultation: \$150.00 (Medicare rebate \$64.20)

Aged and Disability Pension cardholders
ONLY will be bulk billed.

The personal health information that you provide during your consultation and subsequent treatment will be collected for the purpose of providing high quality health care.

The Clinic's policy is to protect your privacy and this information is only disclosed to other members of your treating team where necessary. It will, however, be disclosed to other organisations where required by law or, if necessary, for debt recovery purposes. You may gain access to information about you held by this office by contacting us in writing requesting same.

I have read, understood and agree to the above and I consent to information being released from my medical records as indicated above.

If I fail to pay an account within the specified period of time (60 days), my account will be then forwarded to a debt collection agency for collection purposes and additional costs will be incurred.

Signature of Patient: _____

Date: ___/___/___

www.drpaulfroomes.com.au

For All Appointments - Phone 9331 3122

Consulting at:

- **Moonee Ponds** Suite 1, Level 1, 28 Young Street, Moonee Ponds VIC 3039
- **Bundoora Endoscopy Centre** 119 Plenty Road, Bundoora