

Appointment Confirmation

Dear Miss/Mrs/Ms

This is to confirm your appointment on at To ensure your consultation is as stress free as possible, the following points are brought to your attention:

File creation

Please download and fill in the data sheets and, fax or post them together with this financial consent form to our rooms.

Parking

On site parking for patients is available (approx \$3.50 per half hour)

Cancellation

If you are unable to keep your appointment, please contact us as early as possible so another patient can have the opportunity of an earlier appointment. A \$30 non-attendance fee will apply if a cancellation is received less than 24 hours prior to an appointment. This fee will need to be settled before further appointments can be made.

Referrals

In order to qualify for Specialist Medicare Rebate, you must have a current referral from your General Practitioner. The referral must be current on the day of your appointment. Please check your referral is current when making your appointment if you have already attended the practice.

Partner Participation

This practice encourages the participation of partners/husbands in such issues as infertility management. To facilitate this, please make sure that your partner/husband is named in the referral from your doctor. A joint appointment will cost you no more (in out of pocket expenses) than an individual appointment. However both you and your partner/husband will be billed for the appointment, and both will need to claim for the Medicare rebate.

Fees

Fees charged are based on those considered fair and reasonable by the Australian Medical Association. Aged Pensioners are charged 'rebate' i.e. no 'out of pocket' cost, but are requested to settle the account on the day of attendance. **This practice does not 'bulk bill'.**

Accounts

Please settle your account on the day of consultation. Cash, cheques and credit cards are all accepted (excluding American Express and Dinners Club). Dishonored cheques incur a \$20 charge. You agree to be liable for collection agency and legal fees incurred in securing payment of overdue accounts.

SIGNATURE: NAME: Date:

SIGNATURE: NAME: Date:

[of partner if attending]

*Consistent with our commitment to quality care this Practice has developed policy to protect patient privacy in compliance with privacy legislation. It is our normal procedure to correspond with the patient's referring Doctor. Please inform us if you do not wish this to be done.