

RESPIRATORY SLEEP DISORDER CENTRE (RSDC) PATIENT REGISTRATION FORM

DR ALI AMINAZAD MD, FRACP; SLEEP MEDICINE, RESPIRATORY AND GENERAL PHYSICIAN

PATIENT DETAILS

Title: Dr Mr Mrs Ms Miss Other:

First Name:

Last Name:

Preferred Name:

Date of Birth:

Home Phone:

Mobile Number:

Address:

Postal Address:

Email Address:

RESPONSIBLE PARTY

DVA (Gold/White)

Aged Pension

Workcover

TAC

Membership Number / Claim Number

Contact Number:

Address:

Postal Address:

Email Address:

Next of Kin:

(Name, Address and Telephone Number)

Relationship to Patient

Emergency Contact

(If different to Next of Kin)

INSURANCE INFORMATION

Medicare Number:

Your Ref no:

Expiry Date:

Name of Private Health Fund:

Member Number:

REFERRALS

Dr Aminazad would like all the referrals to be sent no later than one week prior to the scheduled appointment. Specialist referrals are valid for 3 months and GP to specialist referrals are valid for 12 months. You are recommended to have a referral from your GP to last for one year.

INFORMATION ABOUT FEES

Dr Aminazad does not bulk bill at his Private Rooms. He does attend the bulk bill clinics at Angliss and Maroondah Hospitals.

Payment in full is required on the day of the consultation.

DVA, TAC and Workcover claims will be billed to relevant authorities.

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Full RATES	Fees	M/C Rebate	Out of Pocket	PENSION RATES	Fees	M/C Rebate	Out of Pocket
Initial Consultation	\$245	\$128.30	\$116.70	Initial Consultation	\$210	\$128.30	\$81.70
Initial Complex Consultation	\$340	\$224.35	\$115.65	Initial Complex Consultation	\$305	\$224.35	\$80.65
Subsequent Consultation	\$140	\$64.20	\$75.80	Subsequent Consultation	\$105	\$64.20	\$40.80
Subsequent Complex Consultation	\$190	\$112.30	\$77.70	Subsequent Complex Consultation	\$155	\$112.30	\$42.70
Lung Function Test	\$167.90	\$117.90	\$50	Lung Function Test	BULK BILL	BULK BILL	\$0.00

There is out of pocket of \$200 for Cardio Pulmonary Exercise Test and \$50 out of pocket for Home-Based Sleep Study for all patients.

PAYMENT AND CANCELLATION PLOICY

In the event an appointment is cancelled with less than 48 hours' notice, full consultation fee will be charged.

I have read and accept that I am responsible for having a valid referral and for any consultation fees.

Signature:

Date:
