

Dr Tony Moore

Title: _____ Surname: _____ First Name: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Date of Birth: _____ / _____ / _____ Occupation: _____

Phone numbers: (H) _____ (W) _____ (M) _____

Do you allow us to send SMS / leave a message regarding your appointments? Yes No

Email address: _____

Are you happy to receive information / newsletters from us via email? Yes No

Next of kin: (optional) _____ Relationship _____ Phone No: _____

Medicare Number: _____ Ref No: _____ (# next to your name) Expiry Date: / _____

***IF Under 18 please provide Medicare details of Parent/Guardian below:**

Parent/Guardian Name: _____ DOB: _____ Ref No: _____

Do you have Private health insurance? Yes No – (I am Self funded / Uninsured)

Health Fund: _____ Membership Number: _____

Does your cover include: Hospital Cover Extras Unknown

Do you hold an Age Pension Card? Yes No Membership Number: _____ (Age pension only)

Department of Veterans Affairs card? Yes No DVA number: _____ Colour: White Gold

Workcover

Is this a workcover claim? Yes No If Yes; please complete below:

Date of Injury: _____ Authorised person to contact: _____

Employer name: _____

Employer Phone Number: _____ Address: _____

Suburb: _____ State: _____ Postcode: _____

Do you have a claim number? Yes No Number if known: _____

* Please note: If a workcover / 3rd party claim does not proceed, you, **the patient** will be responsible for full payment of this account

Medical Conditions

Do you have any allergies / sensitivities? Yes No Please list: _____


Are you diabetic? Yes No If Yes: Type 1 Type 2

Other

Local / Usual General Practitioner: _____ Clinic: _____

Signed: _____ Date: _____

By signing above you acknowledge you have had the opportunity to view the fees (over page) and privacy policy and rights and responsibility

Please Turn Over for fee structure 

Dr Tony Moore consultation fees

Initial consultation	\$180.00
Follow up consultation	\$ 90.00

Age pensioner initial consultation	\$100.00
Age pensioner follow up consultation	\$ 60.00

A valid referral is required to claim your rebate from Medicare
If no referral is obtained, you will not be eligible for a Medicare rebate.

Cosmetic Consultations

Initial consultation	\$200.00
Follow up consultation	\$100.00

No referral is required for cosmetic consultations.

6 weeks of routine aftercare post operatively is included in your surgical fee (unless excluded by Medicare) Outside of this period, your surgeon may charge a follow up fee as outlined above.