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Provider No 4621256F ABN 66956957153

MR EUGENE ONG
MBBS (Hons) FRACS
COLORECTAL SURGEON

ST VINCENT'S PRIVATE EPWORTH HOSPITALS WARRINGAL PRIVATE

PERSONAL DETAILS

Title:	Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr☐ Other _____	
Name:		
Address:	Street:	
	Suburb:	Postcode:
Date of birth:		
Phone number:	Home:	Work:
	Mobile:	
Email:		☐ Tick if you prefer electronic correspondence
Marital Status:		
Next of kin:	Name:	
	Phone number:	Relationship:

REFERRING DOCTOR(S) INFORMATION

Referring doctor:	Name:	
	Address:	
Your usual GP:	Name:	
	Clinic:	
	Address:	
	Phone number:	

INSURANCE DETAILS

Medicare card:	Number: ___ ___ ___ ___ - ___ ___ ___ ___ ___ - ___	
	Reference Number:	Expiry: ___ ___ / ___ ___ ___ ___
Do you have private health insurance? Y/N		
Health Insurance	Fund Name:	Membership number:
Pension:	Number:	Expiry:
Health care card:	Number:	Expiry:
DVA	Number:	
Is this visit related to a Workcover or TAC claim? Y/N		
Workcover claims:	Claim number: Insurance company: Responsible employer:	

PRIVACY CONSENT

We require your consent to collect personal information about you. This medical practice collects information from you for the primary purpose of providing quality health care but is also involved in teaching and research. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs.

FINANCIAL CONSENT

	Consulting Fees	Medicare Rebate
Initial Consultation	$160.00	$72.75
Review Consultation	$90.00	$36.55
Sigmoidoscopy	$90.00	$39.95

DVA Gold Card holders will have all fees paid by the DVA

For an elective operation, the patient's private health insurance company and Medicare Australia will cover some costs, but there is often a 'Gap', which is an extra fee, payable to the surgeon, which for most surgeries may be up to $500. Fees for each particular procedure will be discussed prior to your surgery.

I have read this information and a member of this practice has clarified any aspect of it that I did not understand. I consent to the collection of personal information and to the schedule of fees outlined above.

Signed: _____ Date: _____