

Dr Philip Smart

MBBS (Melb) DMedSc FRACS CSSANZ
Colorectal Surgeon | General Surgeon
Prov 4507243T | ABN 67 997 828 785

Patient Information

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other
Name:	

Address:		Postcode:	
DOB:	_ _ / _ _ / _ _ _ _		
Phone:	Mobile:	Home:	Work:
Email:			
Occupation:			
Next of Kin	Name:	Mobile:	Relationship:

Insurance information:

Medicare Number:	_ _ _ - _ _ _ - _ / _ (ref)	Exp:	_ _ / _ _ _ _
Health Insurance Company:		Level of Cover:	<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze
Health Insurance Member Number:		<input type="checkbox"/> Hospital Cover	<input type="checkbox"/> Extras Only
DVA Number:			

Referring Doctor Information: (If your referral letter contains these details, skip this section)

Name of referring Doctor:			
Is this your usual GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not provide details:	Name:	Clinic:	
GP Address:			Postcode:
GP contact number:			

Other Specialists interested in your care:

Name of Doctor:			
Address:		Postcode:	
Contact number:			
Name of Doctor:			
Address:		Postcode:	
Contact number:			
Name of Doctor:			
Address:		Postcode:	
Contact number:			

Please continue over the page

Medical Questionnaire

This questionnaire helps us decide how to best look after you. The information will form part of the medical record and is STRICTLY CONFIDENTIAL. If there is anything you are unsure about, please ask.

What is <i>the main symptom or problem</i> you need help with today?		
Age:	Medication list (include both prescribed and non-prescribed)	
List any active or previous medical conditions e.g. asthma, diabetes etc.	Name	Dose
Have you ever been admitted to hospital before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what for?		
Have you had any previous surgery? List all operations.	Do you take Warfarin, Iscover, Plavix, Pradaxa, Eliquis or Xarelto or other blood thinner?	
	<input type="checkbox"/> Yes: <input type="checkbox"/> No	
	Do you have any allergies?	
Do you live alone? (This is important after discharge from hospital) If not, who is at home with you?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ages:	
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you drink more than two alcoholic drinks per day? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any illnesses that run in the family? (e.g. bowel cancers)		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please specify:		
If over 50, have you ever completed the National Bowel Cancer screening program? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		
Have you ever had a colonoscopy? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		

Please continue over the page

Privacy Policy & Consent

We require your consent to collect personal information about you. Please read this information carefully and sign where indicated below. This medical practice collects patient information for the primary purpose of providing quality health care. We require your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. From time to time we will also take *photos* for use in your clinical file. We will use the information in the following ways:

- Administrative purposes in running our medical practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors or for medical tests and in the reports or results returned to us following referrals
- Disclosure to other doctors in practice, locums and by Registrars attached to the practice for the purpose of patient care and teaching. Please let us know if you do not want your records accessed for these purposes, and we will note your record accordingly
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management

I have read the information above and understand why information must be collected. I am aware that this practice has a privacy policy on handling patient information. The privacy policy can be obtained upon request. I understand that I am not obligated to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me. I am aware of my right to access the information collected about me, except in some circumstances where access may legitimately be withheld. I understand I will be given an explanation in these circumstances. I may request an amendment to my personal information if it is incorrect. I will be provided with a written reason if a request for amendment is denied. I understand that if my information is to be used for any other purpose other than described out above, my further consent will be obtained. I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of. I have the right to lodge a complaint about the handling of my personal information if I am dissatisfied, which will be dealt with in accordance with the complaint handling procedure.

Signature:

Date: / /

Hospital Surgical and Consultation Fees

Procedures can be performed at Eastern Health Box Hill and Austin Health Heidelberg via the public waiting list, or as a Private patient at Epworth HealthCare Box Hill.

Fees are payable on the day of consultation by cash, cheque, EFTPOS or credit card (including Amex). The Medicare rebate will be paid directly into your bank account.

If you take an account payment is requested within 14 days. A cancellation fee is payable for appointments cancelled less than 24 hours prior to appointment or for an appointment you have failed to attend.

Insured patients in a Public Hospital

We advise against this as no guarantee can be provided that Dr Philip Smart will perform the procedure due to the nature of the public hospital waiting list and Health Department Regulations, and we have little control over the care provided. This arrangement exists mainly to facilitate cost shifting from State to Federal Governments.

Procedure fees for *Insured* private patients

Fees vary according to your Health Insurance company. A fee estimate will be provided before your procedure. In general, a Gap fee is payable for most Health Funds, but will not exceed \$495 per procedure. No Gap fee is charged for readmission or reoperation.

Procedure fees for *non-Insured* patients being treated in private

In general, this is discouraged due to the potential for high unexpected Hospital, Anaesthetic, Radiology and Pathology fees. A quotation will be provided however please note this is an estimate only. Prepayment is required for Surgery and Anaesthetic fees.

If you have Overseas Insurance or are a WorkCover patient, we require that All fees are to be paid upfront.

Billing Policy

Initial Consultation:	\$240 (minus \$78.05 Medicare rebate)
Review Consultation:	\$140 (minus \$39.25 Medicare rebate)
Teleconsult – Initial Consultation:	\$170 (minus \$39.25 Medicare rebate)
Teleconsult – Review Consultation:	\$100 (minus \$39.25 Medicare rebate)
Prolonged Consultation:	\$280 (greater than 30 minutes) (minus \$39.25 Medicare rebate)
Sigmoidoscopy undertaken in rooms:	\$110 (minus \$43.05 Medicare rebate)
Haemorrhoid Banding Procedures undertaken in rooms:	\$280 (minus \$60.70 Medicare rebate) (cost covers materials used)
Botox Injection undertaken in rooms:	\$250 (cost covers material used only, NO Medicare rebate as consultation is Bulk Billed with Medicare - must have valid referral)
Ferinject Infusion undertaken in rooms:	\$160 (minus \$39.25 Medicare rebate)
Maximum fee for surgical procedures in hospital:	\$495 (out of pocket)