Adelaide Plastic Surgery

Staff use only:
☐ AJ ☐ AP ☐ PS ☐ JY
☐ JR ☐ NM ☐ TE ☐ BF
☐Nurse ☐Inject ☐H/Therapy

Entered:_____ **Scanned:**_____

Please complete this form in preparation for your consultation

Personal Details

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:_____

Memberships

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:_____

Medications: _____

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 ➔

Fee Structure

Plastic and Reconstructive Surgeons:

Dr Amy Jeeves, Dr Anthony Porter, Dr Jennifer Roy, Dr Nicholas Marshall, Dr Peter Sylaidis, Dr Tim Edwards, Dr Jia Miin Yip

Medical Consultations

Initial consultation	$200.00
Follow up consultation	$110.00
Age pensioner initial consultation	$120.00
Age pensioner follow up consultation	$ 80.00

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	$250.00
Follow up consultation	$120.00

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.

All fees are payable in full on the day of consultation.
Additional fees will apply if you need an appointment with the Hand Therapist.

General Surgeon and Surgical Oncologist
Dr Beverley Fosh

Initial consultation	$250.00
Follow up consultation	$120.00

Your account will then be lodged electronically to Medicare for your Medicare rebate.

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.

All fees are payable in full on the day of consultation
We do not accept health care cards

Hand Therapist Consultations:

Initial Consultation – Short	$ 99.00
Review	$ 86.00
Initial Consultation – Long	$131.00
Review	$111.00

Nurse Consultations:

Consultations for tattoo removal and laser rejuvenation

Initial Consultation with nurse	Complimentary

Treatment costs will be discussed with you prior to any treatment taking place.

Injecting Consultations:

Consultations with Intradermal Practitioners	Complimentary

Treatment costs will be discussed with you prior to any treatment taking place.