



## Personal Details

|   |                      |  |   |
|---|----------------------|--|---|
| Surname   | <input type="text"/> | First Name/s<br>Mr/Mrs/Ms/Miss/Dr                      | <input type="text"/>                          |
| Surname of parent/guardian<br>if patient under 18       | <input type="text"/> | First Name/s of parent/guardian<br>if patient under 18 | <input type="text"/>                          |
| Date of Birth   | <input type="text"/> | Medicare Number  | <input type="text"/> Ref <input type="text"/> |
| Date of Birth of parent/guardian<br>if patient under 18 | <input type="text"/> | Telephone /Mobile                                      | <input type="text"/>                          |
| Address & Postcode                                      | <input type="text"/> | Emergency Name<br>& Contact                            | <input type="text"/>                          |

## Next Appointment with Your Referrer

Date: \_\_\_\_\_ Time: \_\_\_\_\_  **No Appointment Made**

**PLEASE COMPLETE IF YOU WOULD LIKE YOUR REPORT TO GO TO ANY PRACTITIONER OTHER THAN THE REFERRER.**

|         |                      |       |                      |
|---------|----------------------|-------|----------------------|
| Name    | <input type="text"/> | Phone | <input type="text"/> |
| Address | <input type="text"/> | Email | <input type="text"/> |

## Understanding the Costs of Your Scan

We think it is important that you understand the costs of the service you are having performed. We trust that your referrer will have discussed this with you beforehand, but outlined below is a guide as to what you will pay and the amount you can expect back from Medicare. As a private billing practice we require payment on the day. Using Medicare 'easy claims' you will be charged the full amount, then receive the Medicare rebate directly in your account within 30 minutes. The exact costs of the service may vary depending on your clinical situation. If you have any concerns please let the staff know.

**PRICING SUBJECT TO CHANGE (CORRECT AS AT 1 Sept 2014)**

| Type of scan  | Approximate cost              | Your costs after Medicare     | Non Dr referred |
|---|-------------------------------|-------------------------------|-----------------|
| Cone Beam   | \$275 – \$310                 | \$180 – \$210                 |                 |
| Dental X-ray  | \$95 – \$210                  | \$50 – \$105                  |                 |
| X-ray – Joints  | \$70 – \$150                  | \$40 – \$ 80                  | *               |
| X-ray – Spine   | \$100 – \$220                 | \$60 – \$120                  |                 |
| Ultrasound  | \$200 – \$300                 | \$100 – \$200                 | *               |
| Ultrasound with injection/ABI or PRP                  | \$250 – \$350 / \$450 – \$600 | \$100 – \$200 / \$250 – \$400 | *               |
| CT Scan   | \$350 – \$850                 | \$150 – \$500                 |                 |
| CT – Coronary (eligible specialist referred)          | \$875 – \$925                 | \$275 – \$300                 |                 |
| CT – Coronary (non-rebateable)                        | \$535 – \$590                 | No Medicare rebate            |                 |
| MRI   | \$375 – \$800                 | Subject to scan               |                 |
| Nuclear Medicine – Cardiac MPS (Myocardial Perfusion) | Bulk Billed                   | NIL                           |                 |
| Nuclear Medicine – Bone & Lung scans                  | \$600 – \$1100                | \$100                         |                 |

**\* Please note that if you have been referred by a non-Doctor (eg. Physio, Chiro, Podiatrist) there is no rebate or your rebate may be lower than for a Doctor referred service. The difference is usually around \$60 – \$80.**

**PRIVACY CONSENT**

I understand that Envision Medical Imaging complies with the Privacy Act (1988) and is committed to protecting the privacy of individuals. The purpose for collecting my personal information is to provide quality medical and health related services and associated account keeping. I understand that I have the right to request access to my information and that Envision will manage my information in accordance with the National Privacy Principles. My signature below indicates that I have read the above and consent to:

- Envision collecting, using, storing and disposing of my personal information as required for referrals and requests regarding my health care and for purposes of administration, billing and collection of accounts.
- The release of relevant personal information to other health professionals to allow quality medical care (e.g. general practitioner, specialist, pathologist).
- Inclusion in the recall register: to be advised of follow-up visits, medical updates and health information.
- Envision accessing copies of my previous reports and scans (from other radiology providers or my treating doctor) to assist with my diagnosis and medical care.
- Envision charging a 15% recovery fee on all private accounts not settled within ninety (90) days.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(By parent / guardian if patient under 18)



## Workers' Compensation or Insurance Details

Type of Accident  
(Please tick)

- Workers' Compensation  
 Other Insurance Claim

Date of Accident

Employer

Site

Address

Insurer Details

Contact Name

Telephone Number

Accident Details

Have you **submitted a claim form** to your Employer or Insurer?

Yes

No

If yes, **do you have a claim number? Please insert here.**

### IMPORTANT NOTE

- All workers' compensation details must be completed prior to the commencement of your appointment to process the account. Otherwise the account will be the responsibility of the individual having the scan / procedure. Thank you.
- If this is a workers' compensation claim, please be aware that your medical report will be released to your insurer and / or employer.

### IMPORTANT

I accept responsibility of payment of all charges for services rendered should my workers' compensation or other claim be declined and understand the services may not be covered by Medicare.

I agree that any expenses, costs or disbursements incurred by Envision in recovering any outstanding monies arising in any way from this agreement shall be paid for by myself should the workers' compensation claim be denied.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_