

Re:Claim Health

TELEHEALTH CONSULTS

Please return this form by 5pm the day prior to your appointment. Failure to return this form will result in forfeiture of your appointment.

Full name as appears on Medicare card	Preferred name	
Date of birth		
Medicare card no	Reference number ()	Expiry date
Health Care Card /Pension no - if applicable	Expiry date	
Address		
Phone no	E-mail	
Emergency contact name and relationship	Phone number of emergency contact	

To secure your Telehealth appointment, please provide payment details.

We will contact you at the conclusion of your consult to advise of fee before processing your payment and Medicare refund. Pathology and radiology requests, referrals and scripts will also be forwarded to you. Your payment details will be securely stored in our password protected system.

Credit card no	Expiry date
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Child appointment only

Parent name as appears on Medicare card	Date of birth	
Medicare card number	Reference number ()	Expiry date

Health History – please attach any recent pathology or test results

Reason for visit
Please provide a brief description of your condition / symptoms

Cancellation Policy

If you are unable to attend your scheduled appointment, we request that you provide us with a minimum of 24 hours' notice. This gives us the opportunity to offer your appointment to another patient. A cancellation fee of \$50 will be applied for cancellations within 24 hours. By signing this consent, I agree to the cancellation fee.

Privacy Policy

I understand that Re:Claim Health complies with the privacy and data protection act 2014 and as part of their privacy policy they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read the above and consent to Re:Claim Health collecting, using, storing and disposing of my personal information; the release of relevant personal information to other health professionals to allow quality medical care; inclusion in a recall register to be advised of follow up visits, inclusion in national/state reminder systems/registers, to receive medical updates and health information, and the release of relevant personal information to my (prospective) employer, their authorised representative and their insurer in the case of a work related consultation or services. I understand that I may withdraw my consent from Re:Claim Health to use and disclose my personal information (except when legal obligations must be met).

Cancellation fee

If you are unable to attend your scheduled appointment, we request that you provide us with 24 hours' notice. This notice also allows us to offer your appointment to patients on our waitlist. Failure to provide 24 hours' notice will attract a charge equal to 50% of the regular appointment fee.

Patient signature		Date
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