

kingsley kingsley kingsley

M E D I C A L P H Y S I O T H E R A P Y S T U D I O

Title: Mr Mrs Ms Miss Master (please circle)

Family Name: _____

Given Name: _____ Middle Name: _____

Preferred Name: _____ Date of Birth: ____/____/____

Gender: Male Female Other _____

Ethnicity: _____ Are you an Aboriginal or Torres Strait Islander? Yes / No

CONTACT DETAILS

Address: (STREET) _____

(SUBURB) _____ Post Code: _____

Postal Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____

Email: _____

Occupation: _____

How did you hear about us (please circle) : Website Family/Friend Referral Mail Drop

MEDICARE / PENSION / HEALTH INSURANCE DETAILS

Medicare no: _____ IRN: _____ Expiry: _____

Pension/Healthcare card number: _____ Expiry: _____

Private Health Insurance _____ Aged Pension: Yes No

DVA Number: _____ Gold White Lilac Orange (CIRCLE)

Conditions for use of DVA card (excludes Gold card) _____

W/Comp / MVA:

Insurance Co: _____ Date Of Injury: _____

Claim No: _____

Emergency Contact/ Next of Kin

Name: _____

Tele: _____ Relationship: _____

Please read the following and sign below:

I am aware that I will be responsible for payment of any fees that I incur due to missed appointments or late cancellations.

I am aware that I will incur a fee of \$50 for any appointment that is missed or cancelled with less than 2 hours notification. This fee is payable regardless of whether I am a veteran (DVA), workers compensation, motor vehicle accident (MVA) or private patient.

I am aware that any pre-paid Pilate's classes that are missed without prior notice will not be refunded and may not redeemed at a later date. Small group or individual Pilates sessions missed will be treated the same as a regular missed appointment and be charged accordingly.

Outstanding invoices that are not settled after 4 weeks will incur an additional business administration fee of \$75.

Accounts that are not settled promptly after this time (within 4 weeks) will be forwarded to our debt collection agency where an additional fee of 30% will be added to the account.

All other cost associated with the collection of late and unpaid invoices will be incurred by the patient.

I understand all payments will be made on the day of consultation. In cases of delayed or disputed liability (Workers compensation of Motor Vehicle Accident) I will be asked to fully settle all accounts greater than 6 weeks old.

Kingsley Medical, Kingsley Physiotherapy, Kingsley Studio and Perth Medical Cosmetics are jointly owned and operated and cross referral of patients between these businesses may occur without prejudice.

You are not obliged to utilise the professional referral recommendations of our staff.

All services including surgical procedures, injections, biopsies, cryotherapy, taping and wound dressing will incur a fee in addition to the service fee. An outline of our fees can be provided to you and can be found on our websites.

I have read and understood the terms and conditions above.

Signature: _____ **Date:** _____

Person responsible for payment of this account: (NAME & ADDRESS) or "As above"
