

## Personal Details

Surname	<input type="text"/>	First Name/s Mr/Mrs/Ms/Miss/Dr	<input type="text"/>
Date of Birth	<input type="text"/>	Medicare Number / DVA	<input type="text"/> Ref <input type="text"/>
Address	<input type="text"/>	Telephone /Mobile	<input type="text"/>
GP Name & Practice	<input type="text"/>	Email	<input type="text"/>
Full Name of parent/guardian if patient under 18	<input type="text"/>	Emergency Name & Contact	<input type="text"/>
		Date of Birth of parent/guardian if patient under 18	<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  Phone

Address  Email

## Understanding the Costs of Your Scan

It is important that you are fully informed of the costs of the service you are having performed. As a private billing practice, we require payment on the day. Outlined below is a payment guide and the rebate amount you can expect from Medicare. You will be charged the full amount and then receive the Medicare rebate directly into your nominated account within 24 hours. **If Medicare declines to pay the rebate because your scan doesn't meet specific Medicare requirements, you will be responsible for the full fee.** The exact cost of your service may vary depending on your clinical situation. If you have any concerns, please let the staff know.

### PRICING SUBJECT TO CHANGE (CORRECT AS OF 1 DECEMBER 2022)

Type of scan	Approximate cost	Your costs after Medicare	Non Dr referred
Cone Beam	\$320 – \$350	#	
Dental X-ray	\$95 – \$230	\$50 – \$105	
X-ray – Joints / Spine	\$70 – \$280	\$40 – \$185	*
Ultrasound with injection	\$300 – \$600	\$92 – \$130	
Ultrasound with PRP injection	\$500 – \$600	No Medicare rebate	*
CT Scan	\$350 – \$850	\$150 – \$500	
CT with PRP Injection	\$600 – \$700	No Medicare rebate	
CT – Coronary (eligible specialist referred)	\$768 – \$850	\$130 – \$180	
CT – Coronary (non-rebateable)	\$561 – \$590	No Medicare rebate	
MRI	\$350 – \$1120	Subject to scan	
Nuclear Medicine – Cardiac MPS 1 per 2 years (eligible scans bulk billed)	Bulk Billed	NIL	
Nuclear Medicine – Bone & Lung scans	Bulk Billed	NIL	
PET CT (eligible specialist referred)	Bulk Billed	NIL	
PET FDG (non-rebateable)	\$500 - \$750	No Medicare rebate	
PET PSMA/Octreotate (non-rebateable)	\$975	No Medicare rebate	

\* 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.

# Medicare regulations have changed. Subject to a number of variables, you may be eligible for a rebate from Medicare or from your private health insurer. Please ask us if you want further information.

### 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 Australian 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).
- My de-identified scans (with my personal details removed) being accessed for purposes of research and education.
- 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 Details

## Workers' Compensation or Insurance Details

Type of Accident  
(Please tick)

- ☐ Workers' Compensation  
☐ Other Insurance Claim

Date of Accident

Employer

Site

Address

Contact Name

Telephone Number

Insurer Details

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 for 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 \_\_\_\_\_