



## PAEDIATRIC PATIENT FORM

### Patient Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

School/ Daycare: \_\_\_\_\_

School/ Daycare Address: \_\_\_\_\_

Do you consent to correspondence being sent directly to school/ daycare: Y / N

### Head of Family Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Ref No.: \_\_\_\_\_ Exp: \_\_\_\_\_

### Alternative Parent/ Guardian Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

### Siblings Details

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### Department of Communities Details (if applicable)

Case Worker Full Name: \_\_\_\_\_

Work No.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please be advised the following fee structure applies to attendance of appointments with a paediatrician at St James Family Medical & St James Specialist.

<b>Developmental</b>	<b>Dr Itotoh</b>	<b>Dr Gulati</b>	<b>Dr Subramaniam</b>
Initial Assessment	\$650	\$650	\$800
Follow up	\$350	\$350	\$350
Short telehealth	\$100	\$350 (30 minutes)	\$150
Griffiths Assessment	\$650	\$650	\$800
ASD Finalisation	\$650	N/A	\$800
<b>General Paediatric</b>	<b>Dr Itotoh</b>	<b>Dr Gulati</b>	<b>Dr Subramaniam</b>
Initial Assessment	\$350	\$650	\$350
Follow up	\$350	\$350	\$350
<b>Neurology (Dr Gulati only)</b>			
Initial Assessment		\$650	
Follow up		\$350	
<b>Allergy (Dr Itotoh only)</b>			
Initial Assessment	\$450		
Follow up	\$350		
Skin Prick Testing	\$70 Food allergens \$70 Aeroallergens		
<b>Other Fees – No Medicare rebate</b>	<b>Dr Itotoh</b>	<b>Dr Gulati</b>	<b>Dr Subramaniam</b>
Script	\$40	\$40	\$70
Forms	\$40	\$40	\$70

Medicare rebates are available for eligible Medicare card holders. Please refer to your appointment confirmation letter for relevant quote/s per appointment as MBS item codes do vary.

### **Informed Financial Consent**

By signing below, you (as parent/ guardian):

- Understand paediatrician appointments provided at St James Family Medical & St James Specialist are not a bulk-billed service and confirm the above fee's have been advised to you
- Understand it is your responsibility to pay the full practice fee on the day of your child's appointment, and that St James Family Medical & St James Specialist can lodge the claim for your Medicare rebate to then be refunded to your nominated account
- Agree to pay fee's relating to a telehealth or video appointment by telephone immediately following the conclusion of your child's consultation. You understand failure to do so will result in future services being withheld until your outstanding account is paid in full, including appointments, script requests, correspondence, etc
- Understand a non-attendance fee of \$100 will be invoiced should you fail to attend an appointment and for cancellations on the day of appointment. This cancellation policy is applicable for all reasons including testing positive for Covid. This is non-refundable from Medicare. You understand failure to settle the account will result in future services being withheld until your outstanding account is paid in full, including appointments, script requests, correspondence, etc
- Understand the length of appointment times is an estimate only, and should an appointment finish prior to, or after, the allotted timeframe, this will not alter the fee for the consultation.
- Should a company or organisation agree pay the fees for the above-mentioned services, this must be discussed and agreed upon prior to the date of appointment. St James Family Medical & St James Specialist will then invoice the company or organisation following the conclusion of the consultation.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_