

FINANCIAL AGREEMENT

Full payment of consultation fees is required on the day of your consultation.
Please acknowledge you are liable for all fees

Signed _____ Date ___ / ___ / _____

HIC ONLINE/MEDICARE EASYCLAIM

Authorisation to lodge a patient claim (consent to claim your Medicare rebate via our practice software at time of payment of consult).

Do you authorise this location/practice to lodge this claim electronically with Medicare and for Medicare to pass the following enrolment and benefit information to this location for verification?

- * The patient's/claimant's current Medicare Card and Issuer Number
- * The patient's/claimant's first name and reference number
- * Where applicable, display the benefit amount for each service

If the amount is paid in FULL you can elect to have your benefit amount deposited by EFT.

Signed _____ Date ___ / ___ / _____