Schneider HEALTH
INNOVATIVE CARE

Main Rooms: 6 Plowman Place,
Frankston, Victoria 3199

Endoscopy Hospitals: The Bays | Peninsula Private
Beleura Private |
Chelsea Heights Day Surgery

Ph: (03) 8764 0073 | **Fax:** (03) 8764 0074 | **Email:** admin@schneiderhealth.com.au | **Web:** www.schneiderhealth.com.au
*** *We receive secure messages via: Medical Objects and HealthLink* ***

NEW PATIENT ENROLEMENT AND CONSENT FORM

Why do we need to collect personal information?
The information is for the primary purpose of providing quality health care. We ask you to provide us with your personal details and full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. We will use the information you provide in the following ways:

- Administrative purposes in creating your patient file.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to others involved in your health care including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.

Patient Demographics

Title: …… First Name: …… Preferred Name: ……

Surname: ……

Male/Female/Other gender: …… Date of Birth (dd/mm/yyyy}: ……

Address: ……

Postal address same as residential? Y/N If No, please specify: ……

……

Home Phone: …… Work Phone: …… Mobile Phone: ……

Email address: ……

Next of Kin Name: …… **Next of Kin Phone Number:** ……

Next of Kin Relationship: …… **Next of Kin Address:** ……

Parent / Guardian (if applicable)

For patients under the age of 18 years or adults who do not have capacity to make informed medical decisions, the parent or legal guardian providing consent for treatment acknowledges and agrees that they are legally responsible for payment of all professional fees, invoices and associated charges arising from the patient's consultation, investigation and treatment.

Title: …… First Name: …… Preferred Name: ……

Surname: ……

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……

Home Phone: …… Work Phone: …… Mobile Phone: ……

Email address: ……

Other Interested Medical Practitioners

Please list any other medical practitioners involved in your care to whom you would like us to send correspondence (use back of page 6 if more space is required and let admin staff know):

Full Name	Type of specialist/medical practitioner	Address	Phone	Fax	Email

Financial Information

Health Fund Company Name: ……

Health Fund Membership No.: …… Health Fund Position on Card No.: ……

Patient Medicare No.: …… / …… Medicare Expiry (mm/yyyy): ……

Parent / Guardian Medicare No.: …… / …… Medicare Expiry (mm/yyyy): ……

DVA No.: …… DVA Card Expiry (mm/yyyy): ……

DVA Card Colour – White/Gold/Orange (Please circle)

Referring Doctor: ……

Usual GP Name: …… Usual GP Address: ……

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Authority for us to provide and/or release your personal health care information

I authorise Schneider Health to provide information about my personal health care to other healthcare providers for the purpose of optimising my healthcare management. Schneider Health will maintain ownership of this information and will release only such information as is deemed relevant for care provision.

I authorise Schneider Health to obtain all medical and other information required for my care.

I also consent to the release of medical, clinical or other information by any medical practitioner, hospital, clinic, insurance company, Centrelink, the Department of Defence or other organisation that would appear to be relevant to Schneider Health.

I understand that by signing this form, Schneider Health and their delegates will be able to ask any person who holds information about me to disclose that information, if that information is relevant to my medical care.

Exclusions (if any): …….

Cancellation and non-attendance policy

We often have a long wait list of patients hoping for an earlier appointment. Some procedures in hospital and testing require preparation. Our cancellation periods reflect these preparation periods and allow us time to arrange for another patient to be scheduled.

Cancellations without adequate notice or in the event of non-attendance will be subject to cancellation fees as indicated in table below:

Details of our cancellation periods and fees are as follows:

Type of Appointment	Notice Period	Fee
Consultation with our allied health	2 business days	Loss of deposit
Consultation with specialist doctors	2 business days	$125
Procedure in hospital	7 business days	$250
Reschedule procedure in hospital with adequate notice	2nd time	$150 administrative cost
Testing involving 24 hr PH Studies	10 business days	Loss of deposit
Other testing with our nurse or iron infusion	7 business days	Loss of deposit
Pill Cam	2 business days	$125

We reserve the right to send an invoice for failure to give adequate notice or non-attendance. This fee must be paid prior to booking your next appointment. This fee would not attract a Medicare rebate. If you default in making payment for any services provided by any of our Doctors and recovery/legal action is required, you will be responsible for all expenses in relation to the collection of the outstanding amount, which may include legal fees.

We ask that all cancellations are made via phone call within business hours. We are open from 8:00 am to 5:00 pm Monday to Friday, excluding lunch hour between 12:00 pm and 1:00 pm.

Our system does not allow us to receive SMS replies. Emails and voice messages are also unsuitable. Cancellations without adequate notice for the reason of illness require a medical certificate.

Payment Policy

Full fee must be paid immediately after your in-person consultation and Full fee is payable over the phone before a Telehealth Appointment.

DVA White Card holders with eligible treatment, DVA Gold Card Holders, WorkCover and TAC will be invoiced directly. Any out-of-pocket costs that are not covered by WorkCover or TAC are to be paid directly by the patient before the appointment.

Please note we do not invoice NDIS directly for any Allied Health Services. All Allied Health Services are to be paid by the patient before the appointment.

We ask that patients with other payment arrangements pay in full on the day of consultation and then claim reimbursement from appropriate organisation administering their payment plan etc. We will provide a receipt of payment.

Schneider Health keeps invoicing consistent for all patients and does not give discounts for pensioners and concession card holders.

IMPORTANT: Please notify us immediately if your situation is one of the following:

1. You DO NOT have a Medicare Card or your Medicare Card has Expired
2. You have a limited Medicare Card (with Reciprocal Agreements)
3. You have Private Health Insurance only and NO Medicare Card

We will quote you the total fee which will be payable in full before any appointment. We will give you a Receipt of Payment which you could then claim with your Insurance if you fall under scenario 3.

It is important to note when seeing a specialist privately, that they operate in private hospitals and the Private Health Insurance is needed to cover those costs. “Extras” or limited level cover does not cover hospital admissions. Private Health insurance does not cover the cost of clinic appointments. If you suspect that you may need a hospital admission, please seek a copy of our Insured or Uninsured Costs document before your appointment.

Where appropriate Medicare rebate will be claimed on your behalf and you will receive the payment directly from Medicare. If you do not receive the payment, please ring us to make sure the claim had gone through successfully. If successfully claimed and funds are still not received, you will have to call Medicare directly.

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Card Storage Consent

You consent to storing your credit card on file with Schneider Health and confirm that you are the primary cardholder. You understand that it will be stored securely via Stripe (accredited financial organisation with secure storage certification). Only the last 4 digits of the card are visible to Schneider Health staff for verification purposes. Schneider Health absorbs all credit card storage and processing fees. No fees are added to patient invoices.

Any costs associated with appointments will be discussed with you prior. Fees associated with telehealth appointments will be processed 10 minutes before your appointment.

If funds are not available on the nominated card, your appointment will be unable to go ahead. You will also be unable to arrange any further bookings until your account is settled.

You authorise Schneider Health to charge the credit card if there are outstanding invoiced costs payable for consultation, purchases, cancellation fees in the event of failing to attend an appointment or failure to provide adequate notice of cancellation of procedures done in hospital. You will make sure that you will have sufficient funds or the available credit needed to cover the cost of a transaction on the day of the consultation/procedure. Once your procedure has been completed, this card storage consent cannot be withdrawn until the invoiced costs are paid.

You may cancel this authorisation by contacting us in writing and if there are no outstanding invoices the authorisation will be cancelled. This authorisation will remain in effect until cancelled. You can change your card details by calling us within business hours.

Card Holder Name: ……

Billing Address: ……

Use of Technology in Clinical Documentation

Schneider Health use an AI-assisted clinical documentation tool to help accurately and efficiently capture the details of our discussions and the outcomes of your appointment. This technology allows your clinician to focus more fully on you and less on manual note-taking, supporting a high standard of care.

Your consent is required for us to use this technology. All information is handled with care, and the tool is used solely to support your healthcare.

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Purpose of the AI-Assisted Documentation Tool

The AI-assisted documentation tool is used to assist with documenting your consultation by capturing information necessary for accurate medical records. It supports, but does not replace, your clinician's professional judgment. All clinical decisions are made solely by your clinician.

Your Information and Privacy

Your personal information is collected, used, stored, and disclosed in accordance with the *Privacy Act 1988 (Cth)* and the *Australian Privacy Principles (APPs)*. Where applicable, information is stored within Australia or handled in compliance with Australian privacy requirements.
Your information is not used for secondary purposes. Data may undergo de-identification processes to remove personal identifiers. Appropriate security measures, including encryption and regular reviews, are in place to protect your information from misuse, loss, or unauthorised access.

Consent

By signing this consent form, you acknowledge that:

1. You have been informed about the use and purpose of AI-assisted documentation during your consultation.
2. You understand how your personal information will be handled, stored, and protected in accordance with Australian privacy laws.
3. You consent to your clinician using this technology to assist with documenting your consultation.
4. You understand that you may withdraw your consent at any time, without this affecting the quality of care you receive.

I consent and agree to follow all policies as outlined in this document:

Patient Name: ……

Parent/Guardian Name: ……

Patient Signature …….. Date: ……

Parent/Guardian Signature …… Date: ……