



Nepean Physio Clinic

Title: **Date:**

Name:

Date of Birth:

Phone# Mobile: **Home:**

Email:

Address:

Suburb: **P/Code:**

Occupation:

How did you hear about us (referral source):				
	Local Business		Medical One	
Internet	GP	Facebook	Signage	Walked Past
TKD	PT	Sarah Key	Friend (who?)

Area of injury: **Date of injury:**

I am happy to receive confirmation of my appointment by SMS: Yes No

Who is responsible for payment?

Myself EPC/Enhanced Primary Care TAC/Workcover Vet Affairs NDIS

- ❖ **TAC/Workcover: THE PATIENT ACCEPTS FULL FINANCIAL LIABILITY FOR CLAIMS WHICH ARE REJECTED. A \$25 Out of pocket fee applies to patients 7mths prior to date of injury**
- ❖ **EPC/MEDICARE PATIENTS ACCEPT FULL FINANCIAL LIABILITY FOR REJECTED CLAIMS. A \$25 Out of pocket fee applies to all EPC patients**
- ❖ **All private invoices to be settled at time of consultation**
- ❖ **FULL FEE WILL BE CHARGED FOR NON-ATTENDANCE WITHOUT 4 HOURS NOTICE**

I have read and understand the terms and conditions of treatment: