

*Dr Mark Sywak
Endocrine Surgeon*

WELCOME! PLEASE TAKE A MOMENT TO COMPLETE THIS CONFIDENTIAL FORM

Title: Mr · Master <input type="checkbox"/> Mrs · Miss · Ms · Dr ·
Surname:
Given Names (as is on Medicare Card):
Date of Birth:

Home Phone Number:
Work Phone Number:
Mobile Phone Number:
E-Mail:

Home Address:
Post Code:

Referring Doctor Details I was referred by my: General Practitioner · Specialist ·
Name:
Full Address:
General Practitioner Details As Above ·
Name:
Full Address:

Medicare Number:	Ref No.:	Expires:
(Left of your name)		
If appl Department Veteran Affairs File Number (see card):		

Private Health Insurance Details – Do you belong to a fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Fund:	Contributor's Name:
Membership Number:	Ref No.:
Level of Cover: Surgery in a Private Hospital ·	
Private Surgery in a Public Hospital ·	

Payment Details – IMPORTANT INFORMATION

The fee for the initial consultation with Dr. Sywak is \$160, and all follow-up visits are \$90. The first post-operative follow up is included in the private hospital surgery fees. **If you had your surgery as a *public patient* in a public hospital or facility – a non claimable follow-up fee of \$90 will apply.**

“All consultations are payable at the time of service”

Unfortunately **we do not bulk bill**, however for your convenience we can accept:

Visa, MasterCard, American Express, Cash and Cheque

SORRY NO EFTPOS FACILITY AVAILABLE