

A/Professor Phillip Antippa

OAM MBBS MPH FRACS
Cardiothoracic Surgeon

Provider No. 200139CB

ALL APPOINTMENTS

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CONSULTING AT:

Level 8, 14-20 Blackwood St, Nth Melbourne VIC 3051 Suite 1, Level 6, Danks Wing, 89 Bridge Rd, Epworth Hospital, Richmond VIC 3121

OPERATING AT:

Melbourne Private Hospital Epworth Hospital Richmond The Royal Melbourne Hospital Thoracic Surgery
Trauma Surgery
Including Melbourne Lung
Cancer Service

Melbourne Thoracic Surgery offers a Multi Disciplinary approach to the diagnosis and treatment of Cancers of the Chest

Patient Registration Form Patient Details First Name Last Name Title O Mr Mrs Miss ○ Ms O Dr D.O.B **Email** Address Postal Address (If different from address) Phone (Work) Mobile Phone (Home) **Next of Kin** Contact person post surgery Relationship Phone **Patient Medical Details** Medicare Number Ref No. Private Health Fund Membership Number Insurance Number Veteran Affairs Workcover Concessions Number Pensioner Healthcare Card Holder **Doctor** (please tick referring doctor) **General Practitioner** Clinic Address Phone Other doctors / Specialists / Allied health Clinic or Hospital Address Phone 1 Clinic or Hospital Address Phone Clinic or Hospital Address Phone **Consultation Fees Initial Consultation** \$250 Fees can be paid by Cash, Cheque or VISA / MASTERCARD preferably on the -\$72.75 Medicare Rebate (MBS 104) same day. **Subsequent Consultation** \$100 All fees can be lodged via Medicare Online on your behalf - Do you have your -\$36.55 Medicare Rebate (MBS 105) banking details lodged with Medicare? Yes No **Post Operative Review** No Charge

Operation Fees

Date

An administrative fee of \$500 - \$750 is usually charged to all patients who require surgery. This fee is an out of pocket cost and is NOT covered by Medicare or your Private Health Fund. Please talk to our Accounts Department if you have any questions.

Patient Consent

I permit Mr P. Antippa to obtain details of my medical condition.

I permit Mr P. Antippa to discuss my medical condition with other relevant specialists, as required.

I permit Mr P. Antippa to claim payment for his medical services.

Signature