

Patient details sticker



Health professional name:  
Dr Fiona Wallace  
West Kentish General Practice  
Provider No: 2078258F

Date and time of the consultation:

Please circle:      Phone      Telehealth

I agree to the assignment of the Medicare benefit directly to the health professional (bulk bill).

Or

I am signing on behalf of the patient who is unable to sign due to (circle):

Cognitive impairment      Serious illness      Other:

Patient Signature:

NOK signature:      Name:

RN signature:      Name:

Please note if this form is not returned to the office within 7 days from the consultation we will not be able to go ahead and bulk bill this service, and a private fee payable by the patient or facility will be applied.

This information is collected by Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the agency, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations). You can get more information about the way in which the agency will manage your personal information, including our privacy policy, at Services Australia.

Office to complete:

Item number:

Benefit amount:

**Please email to [admin@wkgp.com.au](mailto:admin@wkgp.com.au)**