

Patient details sticker



WEST KENTISH
GENERAL PRACTICE

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