

DR MATTHEW HOLLAND

B. Med (Hons); FRANZCOG

OBSTETRICIAN, FERTILITY SPECIALIST AND GYNAECOLOGIST

Provider No: 256021FB ABN 93 582 460 399

PATIENT DETAILS FORM - ANTENATAL

PATIENT INFORMATION

Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other:

First Name/s:.....

Known As:

Surname:

Date of Birth:

Est. due date:

Partner's Name:

Address:

..... Postcode:

Home phone: Work: Mobile:

Email Address:

MEDICARE

Medicare No.:

Valid to:

Number on Medicare card beside your name:

HEALTH FUND

Health Fund: Membership Number:

Please check that you are covered by your health fund for obstetrics and delivery at Newcastle Private Hospital.

RESULTS & TESTS

Have you had any of the following recent and relevant scans, pathology or tests?

☐ Pregnancy bloods At:

☐ Early dating ultrasound At:

☐ Nuchal Translucency Scan (10-13wks) At:

☐ NIPs genetic test (10-13wks) At:

☐ Other tests, please list:

.....

MEDICAL INFORMATION & HISTORY

Referring Doctor: GP (if not the referring doctor):

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND BRING WITH YOU TO YOUR FIRST APPOINTMENT

MEDICAL INFORMATION & HISTORY CONTINUED

Have you seen Dr. Holland previously? Yes ☐ No ☐

If so, when?

Please provide details for any of the following:

Allergies:

.....

Any other illnesses:

Current Medications (including alternative therapies):

.....

FEE AGREEMENT

Initial Consultation Fee	\$220	(Medicare Item No 16401)
Planning and Management Fee	\$2800	Pre payment due at week 20 gestation (Medicare Item No 16590, billed and rebated at or after week 28)
Antenatal Reviews	Bulk Billed until delivery.	
Delivery Private	Dr Holland is a No Gap doctor and will bill your fund directly.	
Post Natal Consultation Fee	Bulk Billed*	(Medicare Item No 16407).
<i>*The post natal appointment, item number 16407 will be bulk billed so long as the item number 16407 has not been billed or bulk billed by any other doctor for this pregnancy. If this item has been used a fee of \$100 will apply.</i>		

AGREEMENT

Please sign this document at your first appointment.

- ☐ I authorized Dr Holland to process **Bulk Bills** on my behalf, if the circumstance arises
- ☐ I give consent for Dr Holland to perform ultrasounds in room when necessary
- ☐ I confirm that I have **checked with my health fund** and that I am covered to deliver at Newcastle Private Hospital
- ☐ I have read and understand **Dr Holland's fee structure** and agree to make timely payments for all my accounts*

☐ **Yes, I agree**

Signed Date:

**Please note, the above fees do not include: diagnostic ultrasounds, amniocentesis, CVS, pathology including blood tests, urine tests, or any imaging that may be required. It also does not include charges from other specialist involved in your care i.e. anaesthetists, paediatricians or any other medial or Allied Health practitioners. Dr Holland does not deliver privately at John Hunter Hospital.*

PLEASE ALSO COMPLETE THE AUTHORITY TO RELEASE INFORMATION CONSENT FORM

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND BRING WITH YOU TO YOUR FIRST APPOINTMENT