PAEDIATRIC PATIENT FORM

Patient Details

First Name: Kasey Surname: Jones

School/ Daycare: Rockingham lakes primary

School/ Daycare Address: 26 laguardia loop port kennedy

Do you consent to correspondence being sent directly to school/ daycare: (Y) / N

Head of Family Details

Title: Mrs First Name: Miranda Middle Initial: R

Surname: Marrison Date of Birth: 13/10/1989

Phone No.: 0431052448 Relationship: Mother

Address: 40 Toledo circuit port kennedy 6172

Medicare No.: _____ Ref No.: _____ Exp: _____

Alternative Parent/ Guardian Details

First Name: Raymond Surname: Morrison

Phone No.: 0459570046 Relationship: Step father

Address: 40 toledo circuit port kennedy 6172

Siblings Details

Name: Makaiden Jones Age: 15 Gender: F

Name: Makenzie Jones Age: 12 Gender: F

Name: Loki Marrison Age: 5 Gender: M

Name: Dominik Marrison Age: 3 Gender: M

Mazireen Morrison 1 F

Department of Communities Details (if applicable)

Case Worker Full Name: _____

Work No.: _____ Mobile: _____

Address: _____

Email: _____

Please be advised the following fee structure applies to attendance of appointments with a Paediatrician at St James Medical Centre.

Developmental In person appointments

Item No.	Practice Fee	MBS Rebate	Gap
132	$500.00	$240.75	$259.25
133	$220.00	$120.55	$99.45
116	$175.00	$68.90	$106.10
135	$500.00	$240.75	$259.25
132	$340.00	$240.75	$99.25
Griffiths	$500.00	Varies	Varies

General Paediatric In person appointments

Item No.	Practice Fee	MBS Rebate	Gap
110	$280.00	$137.65	$142.35
116	$175.00	$68.90	$106.10
110	$240.00	$137.65	$102.35

Allergy In person appointments

Item No.	Practice Fee	MBS Rebate	Gap
110	$350.00	$137.65	$212.35
132	$425.00	$240.75	$184.25
133	$325.00	$120.55	$204.45
116	$265.00	$68.90	$196.10
12003	$70.00	$35.00	$35.00
12001	$70.00	$35.00	$35.00

Telephone - for minor attendance only

Item No.	Practice Fee	MBS Rebate	Gap
91836 (119)	$70.00	$39.25	$30.75

Video - 15km minimum distance from clinic

Item No.	Practice Fee	MBS Rebate	Gap
92422 (132)	$500.00	$240.75	$259.25
92423 (133)	$220.00	$120.55	$99.45
91824 (110)	$280.00	$137.65	$142.35
91825 (116)	$175.00	$68.90	$106.10
92140 (135)	$500.00	$240.75	$259.25
92422 (132)	$340.00	$240.75	$99.25
91824 (110)	$240.00	$137.65	$102.35

Other Fee's

Item No.	Practice Fee	MBS Rebate	Gap
Script	$20.00	$0.00	$20.00
Forms	$20.00	$0.00	$20.00

Informed Financial Consent

By signing below, you (as parent/ guardian):

- Understand Paediatrician appointments provided at St James Medical Centre are not a bulk-billed service and confirm the above fee's have been advised to you
- Understand it is your responsibility to pay the full practice fee on the day of your child's appointment, and that St James Medical Centre can lodge the claim for your Medicare Rebate to then be refunded to your nominated account
- Agree to pay fee's relating to a telehealth or video appointment by telephone immediately following the conclusion of your child's consultation. You understand failure to do so will result in future services being withheld until your outstanding account is paid in full, including appointments, script requests, correspondence, etc
- Understand the length of appointment times is an estimate only, and should an appointment finish prior to, or after, the allotted timeframe, this will not alter the fee for the consultation.
- Should a company or organisation agree pay the fees for the above-mentioned services, this must be discussed and agreed upon prior to the date of appointment. St James Medical Centre will then invoice the company or organisation following the conclusion of the consultation.

Parent/ Guardian Signature: _____ Date: 24/08/22

Parent/ Guardian Name: Miranda Morrison