

NEW PATIENT INFORMATION

PLEASE COMPLETE ALL INFORMATION AND RETURN TO RECEPTION

Below is some information to help familiarise you with the services that our doctors offer at SkinMasters. SkinMasters is a premium skin cancer diagnosis and treatment centre. Our doctors have postgraduate qualifications in skin cancer and all have/or are in the process of completing their Masters Degree in Skin Cancer Medicine through the University of Queensland.

APPOINTMENT:

SkinMasters will attempt to confirm your appointment either by SMS or telephone. However, it is your responsibility to ensure you arrive for your appointment. Traffic into Terrigal can be heavy so please allow time for parking. SkinMasters is located in Pine Tree Lane and adjacent to the multi-storey car park in Wilson Street and across the road from the Crowne Plaza. If you are unable to make your appointment, we request at least 24 hours notice.

EXAMINATION:

Your doctor will take a relevant medical history to ascertain your risk of developing skin cancer and to determine the frequency of visits that you will require. Your doctor will perform a thorough skin cancer examination using a device known as a dermatoscope. In order to do this, you will be required to undress down to your underpants. Examination gowns are available. As skin cancer can occur on all parts of the body, we recommend examination of breasts and buttocks. If there are lesions on your groin you are concerned about, please notify your doctor. It is important that you do not wear makeup. Please ensure that your mobile phone is turned off or on vibrate mode.

TREATMENTS AND FEES:

SkinMasters is a private billing practice. The fees charged reflect the advanced training, experience, and expertise of the doctors. There is no discount available for pensioners.

Treatment	Fee	Medicare Rebate	Out of pocket expense
Standard skin check (less than 20 min)	\$140	\$41.20	\$98.80
Longer skin check (more than 20 min)	\$180	\$79.70	\$100.30
Spot check (1-3 spots)	\$95	\$41.20	\$53.80
Cryotherapy (freezing) of any lesion	\$70	\$36.85 (if more than 10 precancerous sunspots treated)	\$33.15 - \$70
Skin biopsy (shave or punch)	\$80 (one lesion) \$120 (two lesions) \$140 (three lesions)	\$48.65 \$72.80 \$85.00	\$31.35 \$47.20 \$55
Surgical Excision of skin cancer or suspected skin cancer	Variable depending on location, size and complexity of procedure. Fee calculated by adding out of pocket expense to medicare rebate.	Variable depending on location, size and complexity of procedure	\$250 (small and simple)* \$350 (complex or large)* \$500 (skin graft or flap)* *Out of pocket cost is for each lesion removed.

Privacy Statement & Financial Consent

We require your consent to collect personal information about you. Please read this information carefully, and sign where indicated below.

SkinMasters collects information from you for the primary purpose of providing quality care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your skin care needs. This means we will use the information you provide in the following ways:

- Administrative purposes in running our skin cancer clinic.
- Billing purposes, including compliance with Medicare Australia requirements
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- To contact you or your family for the purposes of Recalls & Reminders

Patient information shall not be released to a third party without the expressed consent of the patient.

I have read the information above and understand the reasons why my information is collected. I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the skin care treatment given to me. I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances. I confirm that the information I have given (on this form) is correct. I consent to sharing all relevant information between health providers and non-clinical staff for the purpose of managing my health. I understand this information will be used to fulfil their duties while planning and managing my care.

I accept financial responsibility for my account and agree to pay my account in full on the day and understand that an additional \$40 account fee will be added for any outstanding accounts.

I understand and agree to the skin cancer examination process and fees outlined above.

Name:

Signature:

Date:

PLEASE COMPLETE DETAILS ON NEXT PAGE

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____				
First Name			Surname		
Date of Birth	/ /		Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Ethnicity	<input type="checkbox"/> Australian (Non-indigenous) <input type="checkbox"/> Australian Aboriginal <input type="checkbox"/> Australian Torres Strait Islander <input type="checkbox"/> Australian Aboriginal & Torres Strait Islander <input type="checkbox"/> Other _____				
Street Address					
	Suburb:			Post Code:	
Phone Number	Home:		Mobile:		
Email Address					
Medicare Number				Ref	Exp:
Pension No				Exp Date:	
Pensioner Type	<input type="checkbox"/> Pension Concession	<input type="checkbox"/> Health Care Card	<input type="checkbox"/> Commonwealth Seniors		
DVA Number			<input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Yellow		
Local GP	Dr	Practice:			
		Phone:			
Emergency Contact	Name:	Number:		Relationship to you:	
Next of Kin	Name:	Number:		Relationship to you:	
<input type="checkbox"/> Tick if same as above					
How did you hear about us?	<input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Word of mouth <input type="checkbox"/> Signage <input type="checkbox"/> Radio <input type="checkbox"/> GP <input type="checkbox"/> Friends/family <input type="checkbox"/> Other _____				

I confirm that the information given above is accurate and understand the privacy statement and financial consent contained on this form.

Signature: _____ Date: _____