



Registration and Policy Form

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|--|--|--------------|-----------|---------------|--|
| Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: _____ | | | | | |
| Surname: | | | | | |
| First Name: | | | | | |
| Date of Birth: / / | | | | | |
| Street Address: | | | | | |
| Suburb: | | | Postcode: | | |
| Telephone: Home - | | Work - | | Mobile - | |
| Email Address (used for appointment notification and billing)*: | | | | | |
| Occupation: | | | | | |
| Medicare No. : | | | | | |
| Do you have private Health Insurance: No / Yes (please specify Fund Name) _____ | | | | | |
| Are you a DVA Card Holder: | | Gold / White | | DVA No. _____ | |
| Do you have a Medicare EPC plan from your doctor?: | | | | Yes / No | |

| | | | |
|---|--|--------------------|--|
| Do you give Pivot Physio permission to send appointment reminders by email* or SMS? | | Yes / No | |
| Appointment Reminder Preference: | | Email / SMS / Both | |
| Do you give Pivot Physio permission to send a letter to your doctor/specialist confirming that you have commenced treatment?: | | Yes / No | |
| Do you give permission to be added to our mailing list to receive promotional and educational material direct from Pivot Physio?: | | Yes / No | |

* to ensure you receive important email notifications to your inbox please add us to your email contacts

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|---|---------------|-----------------|-----------------|
| How did you hear about Pivot Physio? (please circle) | | | |
| Advertisement / Poster Brochure / Flyer | Website | GP / Specialist | |
| MAC Website | Search Engine | MAC Staff | Family / Friend |
| Other | | | |
| Referrer Name: _____ | | | |

Clinic Policies

Our goal is to deliver professional, friendly and timely service to all of our clients. In order to ensure you get both timely and professional service there are some key areas which require focus:

Recovery

Healing and recovery take time and not everyone recovers at the same rate. The physiotherapist treating you will aim to provide general guidelines for your recovery. If you do not feel that you are responding as well as expected please discuss this with your treating physiotherapist to ensure we are all have the same expectations.

Excellence in Physiotherapy

In order to provide the most up to date physiotherapy service available we will on occasion be unavailable due to other commitments and travel. We will endeavour to book timely and appropriate appointments around these times to ensure your progress remains on schedule.

Fees and Accounts

Fees for all patients are due on the same day as the service provided. The clinic has HICAPS and EFTPOS facilities available for automatic claiming through your private health insurance. Workcover patients will be required to pay upfront and then claim re-imburement from their specific insurer / employer themselves. There will be a small gap payment for workcover patients, as workcover do not cover the full cost of physiotherapy services. If you do not understand the gap payment please discuss this with your physiotherapist.

Appointment Scheduling

Your treating physiotherapist will outline a recommended treatment plan for your specific injury. It is important that you keep to this plan to maximise the effect of the treatment plan and to achieve your goals. To ensure that you receive an appropriate time please ensure that you pre-book your appointments.

Missed / Timing of Appointments

Missed appointments will set you back in your recovery, so we ask that you keep all appointments. It is important that you turn up to appointments on time as you have been allocated that appointment time and the length of time for that appointment. If you are late for your appointment, you will then be allocated the time that is left for treatment and then required to re-book. Please understand the appointment length has been allocated to you to ensure you receive appropriate care, by reducing that time you are reducing the effectiveness of that treatment session. If you are more than 15 minutes late you may be charged the fee for that appointment time and asked to then reschedule that appointment. We also require 6 business hours notice for cancellation or changing of appointment times otherwise a cancellation / non-attendance fee will be charged. These fees are not covered by compensable bodies and must be paid for by the patient. Consideration will be given for unavoidable circumstances. People who repeatedly miss or reschedule appointments will regretfully be discharged from care as we realise you will not reach your health goals and we do not wish to waste your time.

X _____ DATE: / /

I have read, fully understand and agree to the above clinic registration and policy form.

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