

# *Dr Nicolas Copertino*

*Bsc (Hons) MBBS (Hons)FRACS*

*General Surgeon*

*The Buderim Private Hospital  
Medical Centre Suite 2  
12 Elsa Wilson Drive Buderim Q 4566*

*PH: (07) 5444 8199  
Fax: (07) 5444 8166*

*Email:  
admin@copertinosurgical.com.au*

*Copertino Surgical  
ACN 674 292 963  
Provider no: 421676EL*

Dear New Patient,

We are pleased to confirm your appointment with Dr Copertino, please check with reception regarding the date and time of your appointment. If you have had any prior tests including x-ray and imaging in relation to your consultation with Dr Copertino, please bring them along with you.

If you are unable to attend your appointment, please call our office at least 24 hours in advance. The full cost of the consultation (not subsidised by Medicare) will otherwise be charged.

#### **Duration of consultation:**

Initial consultations - 30 mins    Subsequent consultations - 15 mins

Should you feel that you require a longer appointment please advise the receptionist at the time of making your booking.

Due to the nature of surgery, emergencies do arise and whenever possible you will be informed of delays or changes. This is however not always possible. So that we can always contact you in an emergency we ask that you please update your records with our receptionist anytime they should change.

**Our location:    BUDERIM PRIVATE HOSPITAL MEDICAL CENTRE - SUITE 2  
12 ELSA WILSON DRIVE, BUDERIM**

Once you arrive at the main entrance to the hospital you will see a 'Yellow Line' painted on the road. Please follow this yellow line in your car right up to the top car park where this 'Yellow Line' ends outside the doors of the Medical Centre. Our office is located on the Ground Floor, Room 2 of '**The Buderim Private Medical Centre**'

#### **Your referral:**

Your referral entitles you to a rebate by Medicare for your consultation. It is your responsibility to bring your referral with you on the day of your consultation or alternatively, have your referring GP send your referral directly to us prior to your appointment.

#### **Fees:**

Fees for services provided by Dr Copertino in the rooms are the same for all patients. The standard cost for an **initial consultation** is **\$220.00** but may increase up to \$240.00 depending on the time and complexity of the visit. The cost of a subsequent consultation is \$150.00 but may increase to up \$160.00 again depending on the time and complexity of the visit. Your Medicare subsidy will be processed at the time of payment and the rebate will be deposited into your nominated bank account. **Payment for all medical services is strictly at the time of your visit.** We accept all major credit and debit cards.

#### **Surgery:**

If required, surgery will be booked at the time of initial consultation. An estimate of medical fees will be provided as there will be an out-of-pocket expense associated with surgery costs which may vary depending on each individual private health fund. Please speak to our friendly reception staff if you have any queries relating to this.

# Patient Information and Consent Form

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: (optional) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Medicare card: \_\_\_\_\_ Reference no: \_\_\_\_ Expiry Date: \_\_\_\_\_

Private Health insurance: Yes / No Name of Health Fund: \_\_\_\_\_

Health Fund policy no: \_\_\_\_\_ Type of cover: Hospital / Extras / Both

DVA card no: \_\_\_\_\_ Colour: Gold / Orange / White

Next of Kin: (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone) \_\_\_\_\_

## **Your Privacy, Our Concern – Consent to use your personal information**

Dr Nicolas Copertino complies with the Commonwealth Privacy Act and all other state and territory legislative requirements in relation to the management of personal information. The Privacy Act has been put in place for the privacy and confidentiality of doctor/patient relationship. We collect information that is necessary for the provision of your health care. Personal information obtained from you in your consultation may be used to provide information to various health services involved in supporting your health care management (e.g. pathology, radiology, hospitals or other specialists).

If the patient lacks capacity to consent, a guardian may sign on their behalf, with additional risk considerations. Please contact us if this situation arises.

By signing, you affirm that the provided information is true and correct as of the date of completion. I have read and understood the Privacy Policy (which may be viewed in full on the glass window located at reception on the day of your consultation) and understand my rights and responsibilities.

**I hereby consent to my personal information being released as and when required**

**PATIENT CONSENT: I (Patient/Guardian/Power of attorney) hereby state that the information provided is correct and that I have read and acknowledge the guidelines of the Privacy Act.**

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**SIGNATURE**

**Patient / Guardian /Power of attorney (please circle)**

.....

**Relation to patient**

**Guardian / Power of attorney**

.....

**Date**