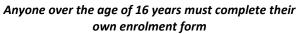


Market Square, 1 Gerald Street, Lincoln. 7608 Ph: 03 325 2411 Fax: 03 325 2432

ENROLMENT FORM

March 2024

*Mandatory Details





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Practice Name*			Doctor N	ame		ı	NZMC	EDI: lir	colmc		
Lincoln Medical (2024) Lin	nited								*NHI (0	ffice use only)
Legal Name*											
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(if different from above)											
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Contact Details											
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Emergency Conta	ict*										
		Nam	e				Relations	ship	Mobile (d	or other) Pho	ne
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I conf	irm that, if reques	sted, I can provide proo	f of my eligibility*		Evidence sig	thted (Office use o	nly) 🗆
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I agree	e to inform the	practice of any change	s in my contact detai	ls and e	entitlement and	or eligibility to b	e enrolled.
Signat	ory Details*	Signature		Day	/ Month / Year	Self Signing	Authority
An autho	rity has the legal right to	o sign for another person if for s	ome reason they are unable to				
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	. ,	Basis of authority (e.g. parent	of a child under 16 years of age	·)			



Terms of Trade - Lincoln Medical 2024

Thank you for enrolling for your medical care with Lincoln Medical 2024. Please take time to read our Terms of Trade.

Payment is expected on the day of consultation or service. Our fees are available on our website or please ask one of our staff. **Non-payment on the day will incur a \$7 account fee.**

Lincoln Medical does not hold patient accounts. Some services/procedures will be quoted prior to your attendance and payment may be requested prior to service.

To support **New Patients** into the practice, it is our position that all new patients over the age of 18 will be required to have a **New Patient appointment of 15 minutes with a practice nurse at \$27, who will then determine if you require a 15 minutes or 30 minute appointment with a NP or GP.**

Please note that Lincoln Medical 2024 does not offer a discount for follow-up appointments.

Payment methods available for our patients:

- Eftpos
- Mastercard/Visa
- Direct Bank Credit
- Southern Cross Easy Claim

We <u>do not accept</u> American Express (AMEX)

We welcome direct credit payments to our BNZ bank account **02-1268-0136835-00** (*Please quote your name and date of birth as a reference for the payment*) **Direct Credit** payments received into the Lincoln Medical bank account **within 24 hours of** the consultation will not incur account fees.

Non-attendance Fee: Failure to attend your appointment or cancellation less than one hour prior to your appointment time will incur a \$30 charge (\$10 for under 14s).

Statements: We no longer send monthly paper statements of accounts, unless specifically requested*. Monthly text messages are generated, notifying you of any outstanding balances. Patients who do not have cell phones will continue to receive paper notification of outstanding balances.

MMH access will be suspended for those with overdue accounts.

*full transactional paper statements are available on request to be collected from the practice or emailed

Outstanding accounts of more than 90 days may be referred to our Debt Collecting Agency.

PTO→



Further medical attention* may be withheld pending payment or appropriate arrangements of payment of the debt.

*excludes urgent medical attention which we have a duty of care to provide
All costs incurred in the recovery of your debt will be added to your account and clearly shown as Debt Recovery costs.

Prescribing Drugs of Independence – Our policy is available on our website or from our reception, it is there to protect you and our staff. By signing our term of trade you agree to our policy.

After hours Care – Please contact the Pegasus 24hr Surgery on 03 365 777 or the Practice Plus website where you can book same day virtual consultations as well as face to face.

Talk to us! We appreciate that medical costs can put pressure on your finances as they are hard to plan for . . .

If you have difficulties in settling your account, we will work with you to set up a regular automatic payment to ensure that your medical bill does not escalate.

Our receptionist can provide details of our bank account. If you have internet banking you may be able to set up your own Automatic Payment. Alternatively, call into your bank and they will help you organise a regular Automatic Payment.

Code of Behaviour

As a patient you deserve to be treated with care and respect, which is why we have a Code of Behaviour.

Our staff are responsible for providing professional care and support towards your wellbeing and health, while ensuring cultural values and religious beliefs are respected. In return you are expected to treat all staff and fellow patients with the same respect. If you and/or your support person direct verbal abuse at our staff in person (or over the phone) we have the right to request you leave the premises (or terminate the call).

Honest co-operation is expected once treatment is agreed upon and you must accept responsibility for your personal health care.

If you are unable to adhere to these guidelines then you may wish to seek health care elsewhere. By following the Code of Behaviour, we are together ensuring a safe and friendly environment for everyone present.

	uestions or concerns Email:		Terms of Trade, please ask our receptionist nedical.co.nz
I have read and a	ccept the Terms of	Trade in enrolli	ng with Lincoln Medical 2024
PLEASE PRINT NA	ME:		DATE OF BIRTH
Signed:		Date:	

Lincoln Medical 2024 Ltd

Consents

Consent

Service

Decline

Text Blood Test Results		
Enrol me for the patient portal – Manage My Healt	h	
Contact Via Email		
Quit Smoking Assistance (If applicable)		
Preferred Pharmacy		
(N.B) This is not applicable for warfrin (INR) results)		
Family Member 1:		
Name Signed		Date
Service	Consent	Decline
	Consent	Decline
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