



ŌTOMED LTD *trading as* ŌTOROHANGA MEDICAL ENROLMENT FORM

Anyone over age of 16 years must complete their own enrolment form

<i>Office Use Only:</i>		<i>Received by:</i>	<i>Entered by:</i>	<i>Checked by:</i>	<i>NHI:</i>
Legal Name	Title	Surname	First Name	Middle Name	
Other Name(s) (eg. maiden name)		Preferred Name			
Birth Details		Day / Month / Year	Place of Birth	Country of birth	
*Gender – you would like to be identified as		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Diverse (please state)	
					Sex (at birth) <input type="checkbox"/> Female <input type="checkbox"/> Male

Usual Residential Address	House (or RAPID) Number & Street	Suburb/Rural Location	Town / City / Postcode
Postal Address (if different from above)	House Number, St Name or PO Box	Suburb/Rural Delivery	Town / City / Postcode
Contact Details	Work Phone	Mobile Phone	Home Phone
	Email Address		
Contact Methods	<i>Please circle all methods of contact that are suitable to you</i>		
	Cell Phone	Home Phone	Email
			Post
			Txt
Consent to use text messaging (Please Circle) Yes / No			

* Ethnicity Details	<input type="checkbox"/> 21 Maori Iwi _____ <input type="checkbox"/> 31 Fijian <input type="checkbox"/> 33 Tongan <input type="checkbox"/> 32 Cook Island Maori <input type="checkbox"/> Samoan <input type="checkbox"/> 43 Indian <input type="checkbox"/> 42 Chinese <input type="checkbox"/> 11 New Zealand European <input type="checkbox"/> Other (Tokelauan, Dutch, Japanese) Please Specify
Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>	

Account Holder	<input type="checkbox"/> Self <input type="checkbox"/> Company <input type="checkbox"/> Other (Please Specify)	Account Holder Name
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An Account Holder is responsible for ensuring that all accounts under their name are paid for on the day of charge. Permission must be received from appointed Account Holders, unless they have been appointed by a dependent (child under 18 years old).

Preferred Pharmacy:

Community Services Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Day / Month / Year	Card Number
High User Health Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Day / Month / Year	Card Number

<u>PATIENT'S</u> Occupation	
Employer and Company Phone Number	
Company Address	

NOK Emergency Contact	Name & Surname	Relationship	Contact Number
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Consent to Enrolment in Breast Screening Programme (women aged 45-70 years only): Yes / No Please circle one			
Smoking is an important factor influencing health. If you are aged 15 & over please circle the box that applies to you. Vapers please complete smoking section also:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Vaper (with nicotine)	Current Smoker (tobacco)	Ex-Smoker	Never Smoked
If you currently smoke <u>tobacco</u>, would you like some free help to quit?			<input type="checkbox"/> Yes <input type="checkbox"/> No

My declaration of entitlement and eligibility

I am entitled to enrol because I am residing permanently in New Zealand. <i>The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months</i>	<input type="checkbox"/>
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I am eligible to enrol because:

a	I am a New Zealand citizen (If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)	<input type="checkbox"/>
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If you are **not a New Zealand citizen** please tick which eligibility criteria applies to you (b–j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
c	I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years	<input type="checkbox"/>
d	I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
f	I am a refugee or protected person OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking	<input type="checkbox"/>
g	I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a–f above OR in the control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
h	I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
j	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	<input type="checkbox"/>

I confirm that, if requested, I can provide proof of my eligibility	<input type="checkbox"/>	Evidence sighted (Office use only)
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My agreement to the enrolment process

NB. Parent or Caregiver to sign if you are under 16 years

I intend to use this practice as my regular and on-going provider of general practice / GP / health care services.

I understand that by enrolling with this practice I will be included in the enrolled population of this practice’s Primary Health Organisation (PHO) Midlands Regional Health Network Charitable Trust, and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

I understand that if I visit another health care provider where I am not enrolled I may be charged a higher fee.

I have been given information about the benefits and implications of enrolment and the services this practice and PHO provides along with the PHO’s name and contact details.

I have read and I agree with the Use of Health Information Statement. The information I have provided on the Enrolment Form will be used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies, but only when permitted under the Privacy Act.

I understand that the Practice participates in a national survey about people’s health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Signatory Details	Signature	Day / Month / Year	?	?
			Self Signing	Authority

An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Authority Details <i>(where signatory is not the enrolling person)</i>	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		

Mission Statement: We are committed to ensuring that all patients regardless of age, ethnicity, gender, sexual orientation, religion, culture, socio-economic status, geographic location, wellness, and ability, have equitable access to our health services.

Otorohanga Medical - Terms and Conditions:

Appointments:

- Appointments are 15 minutes – if you require longer than this, please advise reception at the time of booking. Additional charges will apply.
- All new patient enrolments will be charged as per our Visitor fees for an initial appointment should this be requested pressing. The enrolled patient fee applies once your enrolment/funding has been finalised.
- If you require an interpreter, please ask reception for information on available interpreter services. Interpreters must be pre-booked prior to your appointment.
- If you would like to organise a GP or nurse home visit please enquire with reception.
- We require a minimum 2-hour notification by phone if you are unable to attend your appointment. Failure to attend will result in the usual appointment fee being charged.

Accounts/Payment:

- Payment is accepted by cash, Eftpos, Visa or MasterCard.
- It is the policy of this practice that payment is required on the day of consultation/service. Please note that if you are unable to pay your account on the day, you must notify a receptionist of this before your appointment. We offer a weekly automatic payment option and can help with WINZ redirection payments. A full list of fees is available upon request.
- Any accounts that remain unpaid by the end of the month will incur an administration fee of \$5.
- Otorohanga Medical uses a debt collection agency. Any unpaid accounts, plus costs in recovering the unpaid account, will be the responsibility of the patient.

Afterhours Care:

- Ka Ora are available from 5pm-8am weekdays and 24/7 weekends and public holidays. They can be accessed after hours by phoning the practice and remaining on the line. Nurse advice is free, with the option of a GP telehealth after hours consult if required. Consults are free for our enrolled patients aged under 14 years, with a fee of \$19.50 for 14+ years (with a valid CSC, or \$29.50 with no CSC). Most of our enrolled patients will fit the rural eligibility criteria but there may be some exceptions to this. Please see www.kaora.co.nz for further information.

Patient Portal:

- MyIndici allows you to instantly access your healthcare through phone app or website. Myindici's features allow registered patients to easily book appointments, request repeat prescriptions, view your health record, and so much more. Please contact our reception team if you would like to register for MyIndici.

Prescriptions:

- There is a charge for repeat prescriptions. These will only be issued for regular medications, and you must have been reviewed by a doctor within the last 12 months. There is at least a 48 hour turnaround time for repeat prescriptions.
- Same day urgent script requests incur an additional fee. Online prescription requests are available through use of the MyIndici patient portal. Prescriptions ordered through the portal are \$5 less than the usual prescription fee.

Test Results:

- We will notify you for clinically abnormal results only. However, please feel free to contact us if you wish to discuss your results. Alternatively, results are also visible on the patient portal once they have been reviewed by your doctor.

Your Enrolment with OMC:

- Please advise us of any changes to your contact details or eligibility to receive funded healthcare in New Zealand (e.g. visa status, moving overseas).
- Otorohanga Medical have a zero-tolerance policy to verbal or physical abuse towards staff. Should an incident occur, it may affect your enrolment with this practice.
- By signing this, you agree that you will not publically post any derogatory comments on social media about the practice or our staff. We respect your right to complain but this must be done in a non-threatening and non-offensive manner through our complaints officer. We appreciate your feedback and wish to do our best to provide a positive healthcare experience for you. Complaints or feedback may be submitted to practice.manager@otorohangamc.co.nz

I acknowledge that I have read the above and agree with these terms and conditions.

Signed: _____

Date: _____

Print Name: _____