

ENROLMENT FORM

Anyone over age of 16 years must complete their own enrolment form	NHI (Office use only)
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Legal Name	Family name	First name	Middle name	Title
Preferred Name	Other Name(s) (e.g. maiden name)			
Date of Birth	Day / Month / Year	Sex (at birth) <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender you would like to be identified as <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse	
Contact Details	Home Phone	Mobile Phone	Work Phone	
Residential Address	House 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	
Community Services Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date	Card Number	
High User Health Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date	Card Number	
Country of birth			Town of birth	
Email address				
Account holder	<input type="checkbox"/> Self <input type="checkbox"/> Other (Please specify)		Account holder name and surname	

Patients' Employer	Patients' Occupation
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Emergency Contact / Next of Kin	Name & Surname	Relationship	Mobile (or other) Phone
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<p>Ethnicity Details</p> <p>Which ethnic group(s) do you belong to?</p> <p><i>Tick one or more which apply to you</i></p> <p><input type="checkbox"/> New Zealand European</p> <p><input type="checkbox"/> Maori Iwi _____</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Cook Island Maori</p> <p><input type="checkbox"/> Tongan</p> <p><input type="checkbox"/> Other Please specify _____</p>	<p>Smoking is an important factor influencing health</p> <p>If you are aged 15 and over please tick the space that applies for you</p> <p><input type="checkbox"/> Currently smoke (137R.00 ; @ZPSB10))</p> <p><input type="checkbox"/> Recently quit (#137G.00; @ZPSB10; @ZPSC.30)</p> <p><input type="checkbox"/> Ex-smoker (more than 15 months) (137S.00; @ZPSC.30)</p> <p><input type="checkbox"/> Never smoked (1371.00)</p> <p>Smoking is hugely negative on your good health. In most cases, you will experience the benefits of quitting immediately.</p> <p>If you currently smoke, would you like some free help to quit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Other:</p> <p><input type="checkbox"/> Please register me for MyIndici (online system)</p> <p>The MyIndici app allows you to:</p> <ul style="list-style-type: none"> - access your medical records including lab results - book appointments - request repeat prescriptions - share information and communicate you're your healthcare provider - receive recall and appointment reminders.
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My declaration of entitlement and eligibility

Eligibility to enrol: (tick one of the following)

a	I am a New Zealand citizen	<input type="checkbox"/>
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"/>
k	None of the above. Please give more details on your current situation:	<input type="checkbox"/>

I confirm that, if requested, I can provide proof of my eligibility	<input type="checkbox"/>	Evidence sighted (<i>Office use only</i>)
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I am residing permanently in New Zealand and therefore I am entitled to enrol <i>The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days (6 months and 1 day) in the next 12 months</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Where did you hear about us	Website/Facebook <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Community <input type="checkbox"/>	Other <input type="checkbox"/>
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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 agree to Cambridge Medical Centre obtaining my medical records from my previous doctor.
I understand that by enrolling with Cambridge Medical Centre I will be included in the enrolled population of The 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.

Please supply a copy of your ID (driver licence or passport)

If you were NOT born in New Zealand Please supply a copy of your passport and visa

Signatory Details	Signature	Date signed	<input type="checkbox"/> Self-Signing	<input type="checkbox"/> Authority
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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)			

For office use:	<input type="checkbox"/> Passport <input type="checkbox"/> Transfer form <input type="checkbox"/> Driver License	<input type="checkbox"/> Visa <input type="checkbox"/> Audited <input type="checkbox"/> NES enrolled	Received from: Staff _____ Entered into Indici: Staff _____
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Tel : 07 827 7184 ● Fax : 07 827 7064 ● 48 Alpha Street ● PO Box 125, Cambridge, 3450 ●
info@cambmedcentre.co.nz

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

In order to receive the best care possible, I agree to Cambridge Medical Centre obtaining my medical records from my previous doctor. I also understand that I will be removed from my previous dr's register.

Each person should complete a form. 16 years and older to sign own form

Patient details:

Family Name: _____

Given Names: _____

Date of birth/NHI: _____

Signed: _____
(16 years and older to sign own form)

Date: _____

To be registered with:

- Dr Shirley Chan Dr Mark Taylor Dr Judikje Scheffer
 Dr Richard Bosacker Dr Fayez Khalil

Previous Medical Centre:

Name: _____

Address: _____

Fax no.: _____

Our practice is able to receive and would prefer electronic transfers.

For GP2GP transfers, please use the following info:											
Practice Mailbox/EDI: cammccam NZMC: cammc First Name: Cambridge Last Name: Medical Centre	<table border="1"> <thead> <tr> <th colspan="2">Export Destination GP Details</th> </tr> </thead> <tbody> <tr> <td>NZMC:</td> <td>cammc</td> </tr> <tr> <td>Practice Mailbox:</td> <td>cammccam</td> </tr> <tr> <td>First Name:</td> <td>Cambridge</td> </tr> <tr> <td>Last Name:</td> <td>Medical Centre</td> </tr> </tbody> </table>	Export Destination GP Details		NZMC:	cammc	Practice Mailbox:	cammccam	First Name:	Cambridge	Last Name:	Medical Centre
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Practice Mailbox:	cammccam										
First Name:	Cambridge										
Last Name:	Medical Centre										

Please tick all tabs send via GP2GP and return via fax to 07 827 7064:

- Consults/Daily record Immunisation Medications Medical Warnings Inbox
 Outbox Screening Accidents Classifications

GP's available for new patient registration

- ***Dr Fayez Khalil***

Dr Khalil completed his training at Cairo University and then qualified from the Royal College of Surgeons, Ireland, with special training in Urology. He is a very experienced GP who has worked in Ireland and the UK for 20 years before making the decision to immigrate to NZ in 2009. For the past 9 years he has worked at Matamata Medical Centre whilst recently relocating to Cambridge with his wife and family. Dr Khalil is also experienced in emergency medicine and minor surgery, including vasectomies.

In his spare time Fayez enjoys cycling, running and socialising with his family.

- ***Dr Mark Taylor***

Dr Mark joined our team in February 2018 and is now well settled in.

He completed his degree of Bachelor of Medicine and Bachelor of Surgery (MBChB) at the University of Leicester, England in 2009. After working in London, he moved to New Zealand in 2011 where he worked at Waikato Hospital and other Hamilton medical centres.

He has an Advanced Certificate in Dermoscopy with experience in minor surgery such as mole/lesion removal, phenol matrixectomy (partial toe nail removal) and simple acute wound closures.

- ***Dr Shirley Chan***

Dr Shirley Chan is a long time local being born in Hamilton and growing up in the Waikato. She first became a Pharmacist and then went on to Otago University to study to become a Doctor. She has been a GP since 2001 and joined to Cambridge Medical Centre team in 2013.

Dr Shirley has interests in all aspects of general practice, and in particular children.

- ***Dr Judikje Scheffer***

Born in the Netherlands Dr Judikje received her Medical Degree from the University of Amsterdam in 2006. After working a few years in Emergency Medicine, she completed her training in General Practice in 2013. Two years later she moved to New Zealand with her partner and daughter and has been a GP in Tokoroa and Te Awamutu.

Dr Scheffer has a strong Sport Medicine background, also working as a sports doctor for High Performance Sport New Zealand. She completed her Graduate Certificate in Sports Medicine from the University of Queensland, Australia in 2016. She has an active lifestyle being a competitive cyclist and rower.

- ***Dr Richard Bosacker***

Born and raised in Minnesota, USA and completed his medical training at the University of Minnesota. His specialty is primary care and the relationships he develops with his patients are very important to him. He enjoys helping patients understand their medical conditions and live healthy lives. Outside of work, he's an avid cyclist. He enjoys road biking as well as mountain biking. He also enjoys sketching, reading, and travel and has 5 children to keep him busy.

- ***Dr Sadiya Naeem***

Born and raised in Pakistan, Dr Naeem completed her Bachelor of Medicine and Surgery in 2006 at the University of Punjab, Pakistan. She moved to New Zealand in 2008 with her husband and daughter. She completed a Post Graduate Certificate in Public Health from Auckland University in 2014. Dr Naeem worked at the Waikato DHB from July 2014 to end of 2017 and after this worked as GP in Paeroa and Hamilton.

Dr Sadiya is fluent in English, Urdu, Hindi and Punjabi. She enjoys singing, cooking and reading fiction.

CONSULTATION FEES

General Consultations				
	Registered Patients		Casual Patients	
	Without Community Services Cards	With Community Services Cards	Without Community Services Cards or High User Health Cards	With Community Services Cards or High User Health Cards
Child (0 - 5)	Free	Free	\$35.00	\$25.00
Child (6 – 13)	Free	Free	\$65.50	\$55.50
Child (14 – 17)	\$30.00	\$13.00	\$65.50	\$55.50
Adult (18 – 24)	\$45.00	\$19.00	\$85.00	\$75.00
Adult (25 – 64)	\$49.50	\$19.00	\$85.00	\$75.00
Adult 65+	\$42.00	\$19.00	\$85.00	\$75.00

- Saturday consultations incur a \$20.00 surcharge for ALL Adult patients and \$10 for children age 0 – 13 years.
- Casual Patients will be asked to pay prior to their consultation
- All new patients age 18 years and older, must have a compulsory Nurse consultation on enrolment (\$25.00 charge)

ACC Consultations					
	Registered Patients		Casual	GP MMH/Phone Consultations	
	Without Community Services Cards	With Community Services Cards	With or Without Community Services Cards		
Child (0 - 13)	Free	Free	\$45.00	Child (0 - 13)	FREE
Child (14 – 17)	\$29.00	\$13.00	\$75.00	Child (14 – 17)	\$15.00
Adult (18 – 24)	\$39.00	\$19.00	\$75.00	Adult (18 – 24)	\$23.00
Adult (25 – 64)	\$45.00	\$19.00	\$75.00	Adult (25 – 64)	\$23.00
Adult 65+	\$40.00	\$19.00	\$75.00	Adult 65+	\$23.00

Nurse Consultation			Repeat Prescriptions		
	Registered Patients	Casual Patients		2 days' notice	Less than 2 days, urgent or same day
	Child (0 - 5)	FREE		\$25.00	Pick up
Child (6 – 13)	FREE	\$25.00	Faxed	\$20.00	\$22.00
Child (14 – 65+)	\$25.00	\$40.00			

- Miscellaneous charges may apply

Other Services	
Blood Pressure Checks	\$10.00 - \$25.00
Injections: e.g. B12	\$25.00 (Nurse) \$10.00 (after GP) \$45.00 (series of injections)
Driving Medical	\$55.00 (Class 1) \$70.00 (All other classes)
Diving Medical	\$65.00
Seafarers Medical	\$110.00
MOCA test	\$25.00 (Nurse)
Rest home Visits	\$95.00 (Acute visit) \$95.00 (Admission) \$55.00 (Review)
Home Visit	\$100 - \$150
ECG	\$42.00 + consultation charge
Cervical Smear	Nurse: \$32.00 (\$19.00 CSC holder) GP: Normal consultation charge
Forms and Certificates (on Doctors Discretion)	\$20.00 minimum (medic-alert, home alarm, mobile parking, disability certificate, WINZ forms) Off work certificate \$16.00 (follow up off work certificates \$10.00)
Travel Doctor Consultation	\$70.00 + \$30 per extra adult; \$10 per extra child. Plus cost of travel vaccines

- Other prices available on request

- If you are more than 7 min late for your consultation you may be asked to reschedule
- All fees are based on a single appointment. Extended appointments may incur additional charges. All charges are inclusive of 15% GST
- CANCELLATION POLICY: Failure to provide at least 1 hour prior notice for cancelled appointments may result in 50% of the normal consult fee being applied
- ACCOUNTS POLICY: Payment of all fees are required on the day, if placed on account a \$5.00 administration fee will be incurred. Any accounts that remain unpaid may be referred to a debt collection agency. Any costs incurred in the recovery of payment will be the responsibility of the patient and/or bill payer.
- All Registered patients with Community Services Cards have a set fee for a standard GP or Nurse consultation or urgent/faxed prescriptions. Adults 18+ = \$19.00 and Children 14 – 17 years = \$13.00. Additional fees may apply for extra services.

Enrolling with a Medical Centre

Medical centres provide a full range of primary, community-based health care services to the public. These services include the diagnosis, management and treatment of health conditions, long term care plans, health promotion, prevention, screening and referral to hospital and specialist services.

The Midlands Regional Health Network Charitable Trust (the Trust) is a primary health organisation

(PHO) and is responsible for the governance of Midlands Health Network, of which this medical centre is a member. The Trust is made up of community, iwi and clinical representatives and is the entity that contracts with district health boards and the Ministry of Health for funding to provide health services to the Midlands Health Network population.

Enrolling with a Primary Health Organisation

Primary health organisations

Primary health organisations (PHOs) support the delivery and co-ordination of primary health care services by bringing together doctors, nurses and other health professionals to serve the needs of their communities.

Health professionals can include, but are not limited to, Māori health workers, health promoters, dietitians, pharmacists, physiotherapists, mental health workers and midwives.

PHOs receive a set amount of funding from the government to support the delivery of a range of health services, including visits to the doctor. Funding is based on the number of people enrolled with the PHO and aspects such as age, gender, and ethnicity. This funding also lets medical centres approach and

offer services to those in the community who are missing out on health services or who have poor health.

Benefits of enrolling

Enrolling is free and voluntary. If you choose not to enrol you can still receive health care services from a chosen doctor or medical centre. Advantages of enrolling include cheaper visits to your medical centre and direct access to a range of health and community services linked to the PHO.

How do I enrol?

To enrol, you need to complete an enrolment form at the medical centre of your choice. Parents can enrol children under 16 years of age, but children 16 years of age and over need to sign their own form.

Frequently Asked Questions

What happens if I am enrolled in a medical centre but I don't see them very often?

If you have not visited your medical centre in a three year period it is likely that the medical centre will contact you and ask if you wish to remain with them. If you are not able to be contacted or do not respond, your name will be taken off the medical centre and PHO enrolment registers. You can re-enrol with the same medical centre or at another medical centre and the associated PHO at a later time.

What happens if the medical centre changes to a new PHO?

If the medical centre changes to a new PHO, the medical centre will let you know.

What happens if I go to another medical centre?

You can go to another medical centre or change to a new medical centre at any time. If you are enrolled in a PHO through one medical centre and visit another medical centre as a casual patient, you will pay a higher fee for that visit. So if you have more than one medical centre, you should consider enrolling with the medical centre you visit most often.

How do I know if I'm eligible for publicly funded health and disability services?

You can talk to the medical centre team, call 0800 855 151, or visit www.moh.govt.nz/eligibility and work through the guide to eligibility criteria.

Health Information Privacy Statement

I understand the following:

Access to my health information

I have the right to access, and have corrected, my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

Visiting another doctor

If I visit another doctor who is not my regular doctor, I will be asked for permission to share information from the visit with my regular doctor or medical centre.

If I have a High User Health Card or Community Services Card and I visit another doctor who is not my regular doctor, he/she can make a claim for a subsidy, and the medical centre I am enrolled in will be informed of the date of that visit. The name of the medical centre I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

Patient enrolment information

The information I have provided on the enrolment form will be:

- ▶ Held by the medical centre
- ▶ Used by the Ministry of Health to give me a National Health Index (NHI) number or update any changes
- ▶ Sent to Midlands Regional Health Network Charitable Trust (the Trust), which is a primary health organisation and to the Ministry of Health to obtain subsidised funding on my behalf. **This does not apply to casual patients**
- ▶ 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

Health information

Members of my health team may:

- ▶ Add to my health record during any services provided to me and use that information to provide appropriate care
- ▶ Share relevant health information to other health professionals who are directly involved in my care

Audit

With regards to financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the medical centre, but only according to the terms and conditions of Section 22G of the Health Act or any subsequent applicable Act. I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

Health programmes

Health data relevant to a programme in which I am enrolled, such as breast screening, immunisation or diabetes, may be sent to the Trust or the external health organisation managing this programme.

Other uses of health information

Health information, which will not include my name but may include my NHI number, may be used by health organisations such as the district health board, the Ministry of Health or the Trust for the following purposes, as long as it is not used or published in a way that can identify me:

- ▶ Health service planning and reporting
- ▶ Monitoring service quality
- ▶ Payment

Research

My health information may be used for health research, but only if this has been approved by an ethics committee and will not be used or published in a way that can identify me.

Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical centre unless I give specific consent for this information to be communicated.