

How to enrol at Healthcare on Fifteenth:

Please complete and provide the following pages to one of our reception team in person.

For applicants aged 18 and older all the following four pages must be completed and self-signed.

For all applicants under 18 only the first two following pages need to be completed.

For applicants aged 16 and over they must sign for themselves, for all younger applicants a legal guardian must sign on their behalf.

Please provide a proof identity listed below:

For all applicants 18 and older: A passport with any relevant visas (MUST be 2 years work visa or residency)

OR a New Zealand birth certificate and a valid photo ID

For all applicants younger than 18: A passport with any relevant visas (if a parent holds an eligible visa the child will be covered).

OR a New Zealand birth certificate.

Enrolment forms returned via email will not be considered for enrolment.



ENROLMENT FORM

Healthcare on Fifteenth		Address - 51 Fifteenth Avenue Tauranga Phone - 07 5788089 email: reception@hc15.co.nz	
Provider – First -Healthcare Last -Fifteenth	NZMC# 15517	EDI - cenctmed	NHI

* Indicates Fields that are COMPULSARY

Fields above for Office Use ONLY

Legal Name	Title	Surname/Family Name*	First/Given Name*
	Middle Name(s)*		Preferred Name
Birth Details		Day / Month / Year of Birth*	Place of Birth*
Gender		Country of Birth*	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse (please state)*	Primary Language

Usual Residential Address	House (or RAPID) Number and Street Name*	Suburb/Rural Location*	Town / City and Postcode*
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb/Rural Delivery	Town / City and Postcode
Contact Details	Mobile Phone*	Home Phone	Email address

Next Of Kin / Emergency Contact	Name	Relationship	Mobile (or other) Phone
	Address		

Ethnicity Details Which ethnic group(s) do you belong to? * Tick the space or spaces which apply to you	<input type="radio"/> New Zealand European	IWI	
	<input type="radio"/> Maori	Occupation	
	<input type="radio"/> Samoan	Employer & Address	
	<input type="radio"/> Cook Island Maori	Smoking Status (applies to 15 years & over ONLY) Never smoked <input type="checkbox"/> Current smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Approximate Quit Date _____ Would you like support to quit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="radio"/> Tongan	Consent to Receive Communications via Email - Text - Patient Portal (if available) Please tick applicable boxes to give your consent:		
<input type="radio"/> Niuean	<input type="checkbox"/> Text Message	<input type="checkbox"/> Patient Portal (secure)	
<input type="radio"/> Chinese	<input type="checkbox"/> Email (non secure)	<input type="checkbox"/> Consent to Enrol in Manage My Health	
<input type="radio"/> Indian			
<input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state: _____			

In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I understand I will be removed from their practice register, as I am only able to be enrolled at 1 practice at a time in NZ.

Yes please request transfer of my records Previous Doctors Details _____

No _____

Office use only -enrolment checklist			
Front desk to complete + initial		Back office to complete + initial	
Check signed & dated	NES enrolled	NZ /Eligible NZ	New Pt alert
Visa copied/eligible?	Request for notes sent	NOK	Smoking status done
ID copied	Scanned	NIR 14 & under	Gp change done



ENROLMENT FORM

<p>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></p>	<input type="checkbox"/>
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I am eligible to enrol because:

a	I am a New Zealand citizen <i>(If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)</i>	<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"/>
<p>I confirm that I have provided proof of my eligibility</p>		<input type="checkbox"/>
		Evidence sighted <i>(Office use only)</i>

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 Healthcare on Fifteenth I will be included in the enrolled population of **Western Bay of Plenty PHO** 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 or informed 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.

I agree to the Terms and Conditions of Trade of Healthcare on Fifteenth and undertake to pay any fees applicable for Practice Services & all costs incurred in collection of any debt for myself & my dependents. A maximum credit amount is \$50

Signatory Details	Signature*	Day / Month / Year*	<input type="checkbox"/>	<input type="checkbox"/>
			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)		

ENROLMENT FORM

Fee Notification

First appointment is 30mins –

this must be paid before you go into see the doctor.....with CSC card \$65.00 **\$85.00**

Medical Consultation \$45.00

Patients with a community services card, once you have had your new patient appt \$19.50

General practice is time constrained. **For a normal consult time we allow 15 mins.** In most instances you should expect that we can deal with only one or two problems at a single consultation, you can always request a double appointment if you have a few problems for the doctor to deal with. If the consult goes over that time you will be charged a long consult.

Long consult (over15mins) Dr may charge an extra..... \$20.00

Drivers Medical **MUST book for 30mins & tell reception when you make the appt....** \$82.00

ACC consultation \$30.00

GP paperwork e.g. Insurance papers, Referral letters etc. \$15.00

If account not paid on the day an account fee is added \$ 5.00

Telephone consultations with the Doctor \$30.00

Nurse takes bloods (instead of patient going to a Path lab) \$10.00

Prescriptions **(allow at least 48 hours)** \$21.00

If the prescription is faxed to a Pharmacy, fax charge of \$ 5.00

If you request a **same day prescription**, the fee is \$30.00

ECG \$25.00

Nurse Consults \$20.00

Children aged up to 13 years and under Free

Children 14 years to 17 years \$37.00

Children with a parent who holds a current Community services card \$13.00

If you start automatic payments to help pay for your appointments, the debt balance must be kept under \$50.00

Any account unpaid after **90** days will be sent to **Baycorp** and a charge **\$40** collection charge will be added to your account unless prior arrangement has been made to make payment

To show that you have read and understood the above please sign below and hand back with your enrolment form.

This will be scanned into your computer notes and a copy given back to you for your reference.

Signature.....

Date /...../.....

ENROLMENT FORM

Healthcare on Fifteenth

51 Fifteenth Avenue
Phone 07 5788089 Email: reception@hc15.co.nz

Dr Bradley Little	Dr Paula Kuizinas - enrolling
Dr Satvinder Chauhan	NP Debbie Inglis
Dr Lorna Riding	NP Caroline Vanstone – enrolling
Dr Shiva Koirala - enrolling	Dr Melanie Johns

Opening Hours

Monday	8.30am to 5.00pm
Tuesday	8.30am to 5.00pm
Wednesday	8.30am to 5.00pm
Thursday	8.30am to 5.00pm
Friday	8.30am to 5.00pm
Saturday	8.00am to 12.00pm

We now have walk in clinics Monday to Friday between 8am-4pm. & Saturday 8am-12pm
These appts are for urgent issues only, **NOT** your regular follow ups, repeat scripts,
WINZ /ACC Certificates or complex problems. **NO APPOINTMENT NECESSARY**

We now have Manage My Health available to our patients, please ring reception or speak to us next time you are in on how to enrol in this. You can then make your own appointments, request prescriptions, and look at your own Blood results .

Should you need medical attention outside of these hours:-

Accident and Health Care are our After Hours Provider and are open from 8am to 9pm every day of the week. They are an Urgent Care clinic so no appointment is necessary. Accident and Health Care are located at 19 Second Avenue

Tauranga Hospital is located at 829 Cameron Road and is open 24 hours every day. You can call Health Line on 0800 611 116 24 hours for medical advice.

We will request your notes electronically from your previous practice once you have completed all the enrolment forms. When we have received your electronic notes (which can take from 2 days to 1 week) you can make your first new patient appointment.

New patients: When ringing to make your first appointment please let reception know that this is it your first appointment & check with them that we have received your notes from your previous practice. You can book normal 15 min appointments with your doctor on Manage My Health if you have registered for this.

Blood Tests: If you are having blood tests performed you will only be contacted by the nurse if your results have come back abnormal and need to be discussed, or you can look at them on Manage My Health if you have registered for this.

Prescriptions: You can make your request by phone choosing Option 2 for the script line, please follow the instructions. These require at least 48 hours notice. We will notify you when this is ready for collection either via text or phone, or you can now order them online through Manage My Health if you have registered for this. Please note any instructions that go with ordering scripts online.