# Resident Details for Pharmacy

1) Please complete this form and deliver to [contact@axcesshealthcare.com.au email or post to 596 Main St Mordialloc VIC 3195 ]
2) We always require a fax of Medication Chart with Allergies to be faxed **with this admission form**

## PATIENT DETAILS

| | | | | | |
|---|---|---|---|---|---|
| **Title** | | **Surname** | | **Given Names** | |
| **Details of any allergies** | | | | | |
| **Date of Birth** | | | **Admission Date** | | |
| **Medicare Number** | | | **Medicare Card Expiry Date** | | |
| **Veterans Affairs Number** | | | **VA Card Type** | | |
| **Previous Pharmacy** | | | **Previous Pharmacy Phone Number** | | |

## MEDICAL PRACTIONER DETAILS

| | | | |
|---|---|---|---|
| **Doctor Name** | | **Doctor Address** | |
| **Doctor Phone or Email** | | | |

## NEXT OF KIN DETAILS

| | | | | | |
|---|---|---|---|---|---|
| **Title** | | **Surname** | | **Given Name** | |
| **Address** | | | | | |
| **Email** | | | **Phone Number** | | |

596 Main St Mordialloc VIC 3195
(03) 9580 1016
contact@axcesshealthcare.com.au

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## PAYMENT METHOD

| | | | | | |
|---|---|---|---|---|---|
| **Direct Debit** *(please complete below form)* | ☐ | **EFT Payment** | ☐ | **BPAY** | ☐ |

| **BPAY Details** | | **EFT Details** | |
|---|---|---|---|
| Biller Code | xxxx | Account Name | Axcess Healthcare Melbourne |
| Reference | xxxxx | BSB | 063115 |
| | | Account Number | 10496198 |
| | | Reference | xxxxx |

## DIRECT DEBIT REQUEST

| | |
|---|---|
| **Payor Details** | Title / Given Name / Surname<br>Address<br>Phone / Email |
| **Direct Debit Account details** | **Bank, credit union or building society**<br>Name of account<br>BSB number<br>Account number<br>**OR**<br>**Credit card**<br>Visa ☐ MasterCard ☐<br>Primary cardholder's name<br>Card number<br>Expiry date |
| **Patient Name & Facility** | |
| **Payment Details** | The monthly outstanding amount will be debited on the last working day of the following month |

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| | |
|---|---|
| **Acknowledgment** | I / we acknowledge that this Direct debit request is governed by the terms of the Direct Debit Request Service Agreement. I / we have read and agree to the terms and conditions. I / we request and authorise Axcess Healthcare ABN xxx (user ID xxx) to arrange for funds to be debited from my / our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS). |
| **Insert your signature and address** | Name of account holder / primary cardholder<br><br>Signature of account holder / primary cardholder<br><br>Date |

**Privacy**

*Information collected about you is subject to the Privacy Act 1988 (Cth) and is for the purposes of administering and servicing the account (which we may not be able to do if not provided), complying with our obligations and enhancing customer service or products. You consent that information may be disclosed to your or our service providers, advisers, government bodies, other external parties and our related entities where relevant to these purposes or otherwise as required by law.*

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## Direct Debit Request Service Agreement

This agreement sets out the terms and conditions on which the Account Holder has authorised Axcess Healthcare Melbourne to debit money from their account and the obligations of Axcess Healthcare Melbourne and the Account Holder under this agreement.

**The Account Holder understands and agrees that**:

- Direct debiting may not be available on all accounts. The Account Holder is responsible for ensuring the specified account can accept direct debits and there are sufficient cleared funds available in the nominated account to permit payments under the Direct debit request on the due date for payments
- Axcess Healthcare Melbourne accepts no responsibility for issues arising where incorrect details have been provided. The Account Holder should check the account details provided to Axcess Healthcare Melbourne are correct. If uncertain, check with your financial institution before completing the Direct debit request
- Axcess Healthcare Melbourne will debit the account for the sum of the amounts due at the debit date for all specified debts.
- Changes to bank account details must be provided in writing, or by telephoning Axcess Healthcare Melbourne (or by such other means as we approve)
- Axcess Healthcare Melbourne will give the Account Holder at least 14 days notice in writing if there are any changes to the terms of this service agreement.

**Axcess Healthcare Melbourne agrees that**:

- When the due date for payment is not a business day, the debit will be processed on the next business day
- The Account Holder can cancel, change*, defer or suspend the Direct Debit Request by providing notice to Axcess Healthcare Melbourne in writing or by telephone (or by such other means as we approve), or directly with the Account Holder's financial institution (which is required to act promptly on the instructions). Notification must be received by Axcess Healthcare Melbourne at least 14 days before the next drawing date in order to process your instructions.
  **The Account Holder's financial institution can "change" the Direct Debit Request only to the extent of advising Axcess Healthcare Melbourne of new account details.*
- Upon request, Axcess Healthcare Melbourne will forward a copy of the current terms and conditions for direct debits, to the Account Holder by post, facsimile or other agreed method
- We will provide direct debit details on request

**Disputes**
The Account Holder should give notice of any disputed debit to Axcess Healthcare Melbourne. Axcess Healthcare Melbourne will respond within 7 working days of receiving your letter. Alternatively, the Account Holder can take it up directly with the Account Holder's financial institution.

**Dishonoured debits**
If a debit is unsuccessful, Axcess Healthcare Melbourne will cancel the payment in respect of the dishonoured debit. In some instances, such as where your account has insufficient funds, Axcess Healthcare Melbourne may notify you and attempt a second deduction from your account within 14 days. You should ensure that your account has sufficient funds before any second deduction. If we receive new information from you after a dishonour, Axcess Healthcare Melbourne will process a one-off debit to pay the account up to date. If two consecutive dishonours occur, Axcess Healthcare Melbourne may cancel the authority. Axcess Healthcare Melbourne may charge a dishonour fee to the relevant account. Currently the fee is nil. The financial institution may also charge fees relating to the dishonour to the account, which is the Account Holder's responsibility.

**Confidential information**
Axcess Healthcare Melbourne may disclose information about your account to its banker (in connection with a claim made against it relating to an alleged incorrect or wrongful debit made from the account), your financial institution, your adviser and to other companies within the Axcess Healthcare Melbourne Axcess Healthcare Melbourne will not disclose information about you or the account to any other person, except where you have given consent or where the disclosure is required by law.

**Notices to Axcess Healthcare Melbourne**
The Account Holder may give notice to Axcess Healthcare Melbourne by telephone on xxx. Alternatively, you may write to us at xxx