



## How To Prepare For Your Appointment And Fee Sheet

*Welcome to our Clinic!*

### Preparing for your appointment

1. Please return the Patient Medical Information Form to the Clinic by email (preferred), fax or post, prior to your appointment. The earlier you can return this information, the better we can allocate appropriate time and be prepared for your appointment.
2. Prior to your appointment, you can also forward to the Clinic your printed pathology test (blood tests, etc.) results, and radiology and sonography **printed reports only**.
3. Please bring with you the **films** and/or **CDs** of your radiology and sonography scans, on the day of your appointment. The **CD** of any radiology and sonography scan can normally be requested from the hospital or pathology facility where the scan was performed.

If you post items to the clinic, **please only use registered or express post** and retain the tracking number of each item.

4. If you have not posted these medical records in advance of your appointment, then **please bring them with you on the day of your appointment**. Bringing this information with you might be very important to make a comprehensive assessment during your appointment.

All of your medical records are stored securely. Please request and read our Privacy Policy for more information.

5. For your appointment, **please wear or bring with you loose comfortable clothing or pajamas of natural fiber**; you will be able to change at the Clinic in private if you need to.
6. Please be ready to remove all metal from your body, including the following items: Watch, jewelery, all rings if possible, body piercings if possible, bras with metal underwire, belts with buckles etc. If rings or body piercings cannot be physically removed then these may be taped over temporarily with a very small electronic component at the Clinic, which will be removed completely before you leave and will not damage the body or the metal item in any way.
7. Please do not use skin moisturizing or tanning creams on the day of your appointment.

8. Please bring all of your current medications and other supplements that you are taking; bring the actual tablets, powders, liquids and capsules, not just their containers.

We aim to and do generally run on time, and make deliberate efforts to achieve this. However, medicine and health are complex matters, and because not everything and every eventuality can be predicted in advance, we request your patience and respect if you have to wait a little time for your appointment. Equally, please be assured, that if we need extra time in order to complete the planned consultation and determine (and implement as appropriate) the best suggested course of treatment for you, you will also receive this extra, full attention.

## **Fees**

We are a zero subsidised, highly specialized, privately run facility. The Clinic uses and maintains a unique set of advanced diagnostic equipment unavailable anywhere else in Australasia and wider area. There are considerable costs involved in the purchase and maintenance of this equipment.

In addition, the unique nature of the Clinic means it requires an ongoing, small-scale research and development program of custom electromedical equipment. We have so far been directly involved in the development of new electromedical equipment, now used regularly within the Clinic with good success. Further equipment is also being developed. The aim of this equipment development program is to provide advanced treatments to our patients.

The fees of the Clinic therefore reflect the costs involved, operating in its unique situation.

## **Fee schedule effective from June 2016**

**Fees must be paid in full on the day of the appointment** unless special arrangements are agreed otherwise in advance.

**Consultation Fees** are based on rounded-up, quarter hourly rates and include both Richard Malter's fees and the second Assistant Practitioner working with him:

- **Consultation Fee Hourly Rate** that may include examination and treatment applications: \$197.
  - The **Consultation Fee Hourly Rate** is also applied for preparation, monitoring and evaluation performed during the course of an **Extended Treatment** in the Clinic, and only with prior explanation and consent of the patient. An **Extended Treatment** is not normally performed during a first appointment.
- If performed, an **Extended Treatment** in the Clinic is charged at an hourly rate of \$45-\$75, depending on the type of treatment.
- **Electromedical Device Hire** per device, if given only with full prior explanation and consent: \$35-85 per week, depending on which device and equipment is provided.
  - **Electrodes** (that attach to the body with medical tape) provided for use with any

**Electromedical Device Hire** are charged separately and in addition to the **Electromedical Device Hire**, as needed. **Electrodes**: \$10-17 each depending on size and type. Often, many **Electrodes** are needed if an **Electromedical Device Hire** is given for extended use at home, up to 2 Electrodes every 24-72 hours.

- For some involved medical conditions, such as but not limited to “cancers”, extra, short-lifetime laboratory test sample costs are incurred by the Clinic. In these cases, an additional, single **Test Kit Fee** is added to the total fees on the day of your appointment: \$25-\$65.
- **Radiology Examination, Typed Report and Recommendations** for patients with a diagnosis of “cancer”: \$690
- **Supplement Prices** if given, only with full prior explanation and consent: Costs are specific to product. All retail supplements purchasable in Australia are given below RRP.
- **Other Items** if given, only with full prior explanation and consent: Electromagnetic shielding items, etc.: specific to the product.
- A 3% surcharge is added to all credit and debit card payments.

*Our Promise: Although it is impossible, and we do not and can never give any guarantees about the outcome of any single treatment, protocol or course of treatments, we will be sincerely dedicated and make every possible effort to the maximum of our capabilities to assist you as speedily as possible.*

**CONSENT TO PAY FEES AS GIVEN ABOVE**

I, ....., hereby confirm that I have read and understood the above information concerning the fees of the Electromedicine Clinic, and that should I become a patient of the Electromedicine Clinic, I consent to pay the fees as given above in full on the day of my visit(s).

Name of Patient or Guardian (*please print*) ..... Age .....

Signature of Patient or Guardian ..... Date .....