



Euro-Center Sydney Pty. Ltd.

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Direct Billing / FTC Agreement

A.B.N. 86 064 798 607

For patients from The Church of Jesus Christ of Latter-day Saints

Please check the details below with the patients Aetna / Euro-Center card

This agreement is valid until 30th September 2017

Patient Name: _____

Member number: W _____

Date of Consultation: _____

Symptoms / Diagnosis or nature of illness / injury: _____

Release of Medical information

I, _____, D.O.B. ____/____/____,
patient name (dd / mm / yyyy)

hereby consent and authorise the Doctor / medical provider for this consultation to forward any medical information in relation to me, my consultation and treatment to **Aetna International's** local service office in the region: **Euro-Center Sydney Pty Ltd.**

Patient Signature: _____ Date: _____



Please send this completed form together with the invoice to Euro-Center Sydney Pty. Ltd.:

Email: sydney@euro-center.com

Fax: + 61 2 9884 9947

Phone: + 61 2 8274 5700