

MEDI-Assist™ PAYMENT DETAILS

Please use a pen and print all entries in CAPITALS. Please tick all boxes this way

Registration Costs

For MEDI-Assist service registration.	3month	6months	12months
Individuals:	\$33 incl. GST.	\$44 incl. GST.	\$65 incl. GST.
Families (up to 4 people):	\$66 incl. GST.	\$88 incl. GST.	\$110 incl. GST
Organisations: Price on Application.			

Registration Period (please tick the required registration period)

	'MEDI-Assist'	Period	Cost (incl. GST)
Individuals:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Families:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
SUBTOTAL A			\$ <input type="text"/>

Bracelet Options (is optional)

Bracelet Code Number (refer to description sheet)	Incl. GST	Qty.	Cost (incl. GST)
Ladies' Medilog (LM SS)	\$37	<input type="text"/>	<input type="text"/>
Ladies' Medilog (LM GP)	\$60	<input type="text"/>	<input type="text"/>
Mens' Medilog (MM SS)	\$51	<input type="text"/>	<input type="text"/>
Mens' Medilog (MM GP)	\$79	<input type="text"/>	<input type="text"/>
Ladies' flexible band with compartment (LB GP)	\$69	<input type="text"/>	<input type="text"/>
Mens' flexible band with compartment (MB GP)	\$69	<input type="text"/>	<input type="text"/>
Pendant/Neckchain (PN SS)	\$43	<input type="text"/>	<input type="text"/>
Engraving Cost per Bracelet	\$16	<input type="text"/>	<input type="text"/>
SOS Talismann Mens' Bracelet (MB ST)	\$35	<input type="text"/>	<input type="text"/>
SOS Talismann Ladies' Bracelet (LB ST)	\$35	<input type="text"/>	<input type="text"/>
SOS Talismann Pendant/Neckchain (PD ST)	\$35	<input type="text"/>	<input type="text"/>
Postage & handling			+ \$10 postage/handling
Desired first name on Bracelet: (eg. "Jim")	<input type="text"/>		please print clearly
SUBTOTAL B			\$ <input type="text"/>
GRAND TOTAL			\$ <input type="text"/> (Subtotal A + Subtotal B)

Payment Options

Please select your preferred method of payment and fill in the relevant details on the payment form below. Cheques or money orders made payable to: **"MEDI-Assist Safe Return Home" Applied Aged Care Solutions.**

The Safe Return Home registration fees have been set for those using Cheques, Money Orders or Electronic Transfer (eg. from Commonwealth Bank NetBank). There is no additional charge for credit card usage.

Payment by Credit Card

	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Bankcard	Cardholder Signature
Cardholder:	<input type="text"/>			
Card No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
Amount authorised for payment: \$	<input type="text"/>			

Payment by Cheque or Money Order

(payable to: "Safe Return Home" Applied Aged Care Solutions.)

Cheque No:

Drawer: Total Payment: \$

Payment by Electronic Funds Transfer

Transfer monies to **BSB: 063 222** Account number: **1020 2809**

Amount authorised for payment: \$ Date: / /

Please attach / fax or post the bank receipt if possible.

Billing Contact

Billing Contact person is listed on registration form as

Registrant Primary Contact Second Contact Third Contact

If not a previously listed contact, please provide details below

Title: Mr. Mrs. Ms. Other:

First Name: Surname:

Telephone Numbers (include STD Area Code)

Home: () Work: () Mobile:

Residential Address

No. & Street:

Suburb:

State: Postcode:

Safe Return Home Checklist

- 1. Complete the Registration Form(s): QR or MAR. (required for all registrations)
- 2. Complete the Consent Form MAC. (required for all registrations)
- 3. Complete the Payment Form PAY-MA. (required for all registrations)
- 4. Include Bracelet Details. (if required)
- 5. Include Photo(s). (please make sure you indicate the date of each of the photos)
- 6. I being the Registrant/the Registrant's Representative, acknowledge that I have read, understood and agree to be bound by the terms contained in the Registration Form(s), Consent Form(s), Privacy Policy and Terms and Conditions.
(please strike out one)

Signature

Date: / /

7. Post Completed Forms to

Safe Return Home
Applied Aged Care Solutions
PO Box 4088
Balwyn East
Melbourne, Victoria 3103

OR

To pay by phone

free-call 1800 11 22 01
Please have your registration and credit card details ready before making your call.