



Night Doctor Pty Ltd  
PO Box 387  
South Fremantle  
WA 6162  
ABN: 83 608 094 748  
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# Practice Service Agreement

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Terms of agreement

Through this formal service agreement, you agree to engage Night Doctor for the care of your patients when your practice is closed in the after-hours period and Night Doctor confirms that:

- We will attend your patients in the after-hours period, which is:
  - Monday - Friday 18:00-08:00 (next day)
  - Saturday 12:00 - Monday 08:00
  - 24 hours on public holidays
- We will provide visit notes and reports on results to your practice promptly for optimum continuity of care
- We will provide medical director support to all our doctors throughout the entirety of the after-hours period
- We will upload treatment plans and advanced care directives (provided by your doctors) to our practice management system to inform the management of your patients by our doctors
- Night doctor will bulk bill DVA Gold Card holders
- All other patients will be privately billed as per the fee calculator on the Night Doctor website.
- We will provide posters and magnets with our details to your practice as required

We request that you advise your patients of our service via the following:

- Posting our contact details on your website
- By updating your telephone messaging system with our contact details
- By displaying the posters and fridge magnets we provide in your clinic
- By displaying a poster with our details on the front door of the clinic when you are closed so that patients are aware of our service

This service agreement will begin on the following date: \_\_\_\_\_

and will remain in effect until the following date: \_\_\_\_\_

I have read this Practice Service Agreement and agree with the terms above

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_