



ROTORUA MEDICAL GROUP LTD

WELCOME – HAERE MAI

We are 1 Practice with 2 Clinics: **Central Health and Fairy Springs Medical Centre**

Rotorua Medical Group is a passionate team of healthcare professionals committed to delivering exceptional care and service to you and your family.

PRACTICE SITES

Central Health

Located in the Rotorua CBD
1181 Amohia Street, Rotorua

Fairy Springs Medical Centre

Located at the cnr Fairy Springs & Old Quarry Rd
10/100 Fairy Springs Road, Rotorua

Contact Details

Phone: (07) 347 0000

Email: admin.rmg@raphs.org.nz / enrolments.rmg@raphs.org.nz

After Hours: If you are phoning us after hours, your call will be redirected to the after-hours service providers at Lakes Prime Care, Tutanekai Street, Rotorua.

Opening Times

Both sites: Monday to Friday
8.00am to 5.00pm

Our phone line operates from 8.00am till 5.00pm

IMPORTANT INFORMATION FOR NEW PATIENTS

New Patient Appointments - MANDATORY

To ensure a safe and thorough handover of your care, a new patient appointment is mandatory before we can complete your enrolment. This is especially important due to the wide range of medical needs patients may have.

Appointments are scheduled based on clinician availability, and we will offer you the first available time that suits your schedule.

- **For patients aged 14 and over**, the appointment includes a consultation with both a nurse and a GP.
- **For patients under 14 years**, the appointment consists of a 20-minute nurse consultation only, unless the child has long-term conditions requiring regular medication—as assessed by the GP.
- These appointments must be booked and pre-paid **before enrolment forms are accepted**.
- Your first appointment will be longer than a standard visit (for patients 14 and over) to allow for a full review of medical history, current concerns, and any routine health checks.
- There is an **additional charge** for extended appointments—please ask reception for details when booking.
- Please note that **urgent care cannot be provided** before your new patient appointment. If you have urgent medical needs, you should continue to consult your previous GP until your enrolment is complete.

This mandatory process helps us ensure your care is safe, coordinated, and tailored to your specific health needs from the start.

New Patient Prescription Policy

Until your new patient appointment is completed, providing prescriptions may be challenging. **You will need to ensure you have enough medication from your previous GP to cover you until your new appointment.** Typically, 1 month to 6 weeks supply should be sufficient, but this should be calculated based on the time between your enrolment and your scheduled appointment.

Please ensure all the above criteria are met before submitting your enrolment form, as we cannot accept forms without confirmation of these requirements.

Pricing Policy

As a “very low-cost access” practice, we can offer a competitive government-subsidised rate for a standard 20-minute consultation with the doctor, which includes the GP’s notes. A pricing board outlining our consultation charges is available in the reception area and on our website.

If you require a longer consultation or need to discuss complex matters, let our staff know when scheduling your appointment so we can allocate extra time. This will help avoid delays for patients scheduled after you. Please note that any additional time with the doctor, as well as any extra procedures, forms, services, or consumables, are not covered by the subsidy and will incur an additional charge.

Repeat Prescriptions

Repeat prescriptions may be available for certain medications, however, please do not be offended when you are asked to attend for review. It is important to periodically review treatment to ensure it remains appropriate. When you telephone to request a repeat prescription, please have the following information available for us, your name, date of birth, name of medication(s) required and collection details. Alternatively, you can use the patient portal service MyIndici 2.0.

We do require 4 working days’ notice to process your repeat prescription request. Same day requests may be available, but at an additional cost. Payment is due on collection for prescription orders.

Payments

We expect payment on the day of your visit. If you are charged for a phone consultation through our Urgent Care Clinic, an invoice will be emailed to you on the day. These invoices are expected to be paid within 7 days.

If payment is not paid within this time, a fee of \$10.00 will be applied to all unpaid accounts at the end of the month. We do encourage anyone having financial difficulties to set up automatic payments and our Reception Staff/Administrators can help you to organise this.

All accounts outstanding for 90 days or more will be referred to an external debt collection agency where additional fees will be incurred, and a collection fee added to the outstanding amount.

Urgent Care Phone Triage Clinic

This clinic is for enrolled patients with a single urgent (acute) medical problem requiring attention on the same day.

How to access the clinic:

- Call first thing in the morning to request to be added to the clinic list. The clinic operates on a first-come, first-served basis and fills quickly.
- Once you are on the list, you will receive a call from a doctor when it is your turn. We are unable to provide an exact time for the call, as the queue is handled in order of requests.
- The doctor may be able to assist you over the phone. If you require an in-person consultation, an appointment will be arranged for you in the afternoon.
- Please note that the doctor will call from an anonymous number. Be sure your phone is set to accept calls from unknown numbers and have your phone with you to answer the call. The doctor will attempt to call you twice. If you miss the call, they will move on to the next patient in the queue.

For more details, please check with our reception staff regarding daily clinic times and the booking process.

OTHER SERVICES

Nurse Appointments

Sexual Health, Contraception, Smoking Cessation Advice, Diabetic Management and Reviews, Blood Pressure, Asthma, Immunisations, Long Term Condition Management Programme, Heart Risk Assessment.

Specialised Medical Services

Minor Surgery, Driving Medicals, Immigration Medicals, Well Woman and Well Man Checks, Recreational Dive Medicals, Insurance Medicals, Contraceptive Implants, Travel Vaccinations (**Please note that these services are not subsidised and will incur additional charges**).

Health Improvement Practitioner

Our Health Improvement Practitioners are here to support you with a wide range of concerns, including relationships, stress, nutrition, lifestyle, sleep, substance use, emotions, long-term conditions, exercise, and work or study-related challenges. They are available to listen whenever you need support and can help create personalized plans to guide you toward better health and well-being. You can book future appointments through reception, but same-day appointments are also available. **These sessions are free of charge.**

TECHNOLOGY & DIGITAL TOOLS

Use of HEIDI AI in Consultations

Some of our clinicians use a secure clinical note-taking tool called HEIDI AI to help document your consultation more efficiently.

HEIDI generates notes in real time based on the conversation, allowing the clinician to focus more on you and less on typing. This helps ensure accurate, complete records of your care.

- Your voice is not recorded or stored. HEIDI processes information live and does not retain any audio recordings.
- The tool is used only to support clinical documentation and complies with the Privacy Act 2020 and Health Information Privacy Code.
- We will always ask for your permission before using HEIDI during your consultation. You can decline, and your care will not be affected.

If you have any questions about HEIDI, feel free to ask during your visit.

MyIndici 2.0

This a **FREE Phone app** which allows you remote access to order repeat prescriptions and view your lab results. Registration is easy, just talk to our reception staff today.

NOTE: Prescription requests via the app can only be processed when your GP is in the clinic. If you are unable to submit a prescription request, please contact the prescription line on 07 347 0000 - Option 2

MEET OUR TEAM

Central Health

Fairy Springs Medical Centre

Doctors	Dr Anne Walsh, Dr Roger Willis, Dr Toby Hutchinson, Dr Asrih Arif, Dr Martin Kostrewa, Dr Lucinda Cheesman	Dr Dave Sharples, Dr Lilian Kitally, Dr Erwan Elias
Nurses	Elaine, Sonya, Hart, Tania, Chrissie	Selena, Michael, Andrea, Millie
Clinical Assistants	Katrina	Debbie

Both Sites

Reception	Deborah, Wyn, Stephenie, Carmen, Amber, Erin
Administration	Lorraine, Charlie, Katie
Practice Manager	Genna Baldwin



ENROLMENT FORM Rotorua Medical Group Ltd

enrolments.rmg@raphs.org.nz
www.rotoruamedical.co.nz

Central Health - 07 347 0000
1181 Amohia Street, Rotorua

Fairy Springs Medical - 07 347 0000
Shop 10, 100 Fairy Springs Road,
Rotorua

We would prefer to receive notes GP2GP Dr: NZMC: EDI: rotomed	Chart # (Office Use only)	NHI (Office use only)
--	----------------------------------	-----------------------

Legal Name (Title)	Given Name	Other Given Name(s)	Family Name
------------------------------	------------	---------------------	-------------

Preferred Name	Preferred Name	Other Family Name (eg. Maiden name)	Occupation
-----------------------	----------------	-------------------------------------	------------

Birth Details	Day / Month / Year of Birth	Town of Birth	Country of birth
----------------------	-----------------------------	---------------	------------------

Gender	Gender Identity	Male <input type="checkbox"/> Female <input type="checkbox"/> Sex at birth	Gender Pronouns
---------------	-----------------	---	-----------------

Contact Details	Mobile Phone	Home Phone	Email Address
------------------------	--------------	------------	---------------

Residential Address	House (or RAPID) Number and Street Name	Suburb	Town / City and Postcode
----------------------------	---	--------	--------------------------


Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb	Town / City and Postcode
--	---	--------	--------------------------

Community Services Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number
--------------------------------	--	------------------------------	-------------

Primary Language Spoken	Do you require an interpreter Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------------------	--

Emergency Contact	Name	Relationship	Mobile (or other) Phone
--------------------------	------	--------------	-------------------------

Smoking Status: Never Smoked Smoker Ex-Smoker(over 1 year) Recently Quit Vaping
Want help to quit: Yes Not today (if you are 15 and over please tick the space that applies to you)

Ethnicity Details: Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>	Fees - Payment for the services we provide is expected at the time of service unless agreed otherwise. Failure to pay within the same month from service provided will result in statement charges.																		
<table border="1"> <tr><td>New Zealand European</td><td></td></tr> <tr><td>Maori <i>Iwi/Hapu:</i></td><td></td></tr> <tr><td>Samoan</td><td></td></tr> <tr><td>Cook Island Maori</td><td></td></tr> <tr><td>Chinese</td><td></td></tr> <tr><td>Niuean</td><td></td></tr> <tr><td>Tongan</td><td></td></tr> <tr><td>Indian</td><td></td></tr> <tr><td>Other (such as Dutch, Japanese, Tokelauan). Please state:</td><td></td></tr> </table>	New Zealand European		Maori <i>Iwi/Hapu:</i>		Samoan		Cook Island Maori		Chinese		Niuean		Tongan		Indian		Other (such as Dutch, Japanese, Tokelauan). Please state:		FREE Patient Portal Please speak with reception about our patient portal. 
New Zealand European																			
Maori <i>Iwi/Hapu:</i>																			
Samoan																			
Cook Island Maori																			
Chinese																			
Niuean																			
Tongan																			
Indian																			
Other (such as Dutch, Japanese, Tokelauan). Please state:																			
	TRANSFER of RECORDS: <i>In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.</i>																		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable																		
	Name of Previous GP:																		

PATIENT CODE OF CONDUCT – BY SIGNING THIS ENROLMENT FORM I AGREE TO ADHERE TO THE FOLLOWING CODE OF CONDUCT

- I shall treat all staff with respect at all times – continued mistreatment of staff may result in further action.
- I acknowledge that appointments are 20 minutes and if I have more than one issue to discuss I should book a double appointment (extra fees may occur).
- I understand that if I miss my appointment or am more than 5 minutes late, I will need to reschedule. A fee of \$10 will apply for missed appointments.
- I understand that a standard consult is listed on the Board at reception, however for ACC, Referrals, Letters or other requests outside the scope of a standard consult will incur additional fees.
- I understand that payment is expected at time of service unless agreed otherwise. Failure to pay within the same month from service provided will result in statement charges.

My declaration of entitlement and eligibility

I am entitled to enrol because I am residing permanently in New Zealand.
The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

I am eligible to enrol because:

a **I am a New Zealand citizen** *(If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)*

If you are **not a New Zealand citizen**, please tick which entitlement criteria applies to you (b–j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
c	I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years	<input type="checkbox"/>
d	I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
f	I am a refugee or protected person OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking	<input type="checkbox"/>
g	I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a–f above and control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
h	I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
j	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	<input type="checkbox"/>
I confirm that, if requested, I can provide proof of my eligibility		<input type="checkbox"/>

My agreement to the enrolment process

NB. Parent or Caregiver to sign if you are under 16 years

I intend to use this practice as my regular and on-going provider of general practice / GP / health care services.

I understand that by enrolling with this practice I will be included in the enrolled population of the Primary Health Organisation (PHO) this practice is contracted to, and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

I understand that if I visit another health care provider where I am not enrolled I may be charged a higher fee.

I have been given information about the benefits and implications of enrolment and the services this practice and PHO provides along with the PHO's name and contact details.

I have read and I agree with the Use of Health Information Statement. The information I have provided on the Enrolment Form will be used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies but only when permitted under the Privacy Act.

I understand that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Signatory Details	 Signature	 Day / Month / Year	<input type="checkbox"/> Self Signing	<input type="checkbox"/> Authority
--------------------------	---------------	------------------------	--	---------------------------------------

An authority has the LEGAL right to sign for another person if for some reason they are unable to consent on their own behalf.

Authority Details <i>(where signatory is not the enrolling person)</i>	Full Name:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Contact Phone:
Authority Details	Basis of authority (e.g. parent of a child under 16 years of age)		

Health Information Privacy Statement

Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice.

If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular doctor, he/she can make a claim for a subsidy, and the practice I am enrolled in will be informed of the date of that visit. The name of the practice I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

Patient Enrolment Information

The information I have provided on the Practice Enrolment Form will be:

- held by the practice
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- sent to the PHO and Ministry of Health to obtain subsidised funding on my behalf
- used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies but only when permitted under the Privacy Act.

Health Information

Members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- share relevant health information to other health professionals who are directly involved in my care

Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

Health Programmes

Health data relevant to a programme in which I am enrolled (e.g. Breast Screening, Immunisation, Diabetes) may be sent to the PHO or the external health agency managing this programme.

Other Uses of Health Information

Health information *which will not include my name but may include my National Health Index Identifier (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

health service planning and reporting | monitoring service quality | payment

Research

My health information may be used for health research, but only if this has been approved by an Ethics Committee and will not be used or published in a way that can identify me. Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical practice unless I give specific consent for this information to be communicated.

Enrolling with General Practice

General practice provides comprehensive primary, community-based, and continuing patient-centred health care to patients enrolled with them and others who consult. General practice services include the diagnosis, management and treatment of health conditions, continuity of health care throughout the lifespan, health promotion, prevention, screening, and referral to hospital and specialists.

Most general practice providers are affiliated to a PHO. The fund-holding role of PHOs allows an extended range of services to be provided across the collective of providers within a PHO.

Enrolling with a Primary Health Organisation (PHO)

Rotorua Area Primary Health Services (RAPHS), PO Box 1626, Rotorua, Tel (07) 3493563

What is a PHO?

Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHOs bring together doctors, nurses and other health professionals (such as Māori health workers, health promoters, dietitians, pharmacists, physiotherapists, mental health workers and midwives) in the community to serve the needs of their enrolled populations.

PHOs receive a set amount of funding from the government to ensure the provision of a range of health services, including visits to the doctor. Funding is based on the people enrolled with the PHO and their characteristics (e.g. age, gender, ethnicity). Funding also pays for services that help people stay healthy and services that reach out to groups in the community who are missing out on health services or who have poor health.

Benefits of Enrolling

Enrolling is free and voluntary. If you choose not to enrol you can still receive health services from a chosen GP / general practice / provider of First Level primary health care services. Advantages of enrolling are that your visits to the doctor will be cheaper and you will have direct access to a range of services linked to the PHO.

Q&A

How do I enrol?

To enrol, you need to complete an Enrolment Form at the general practice of your choice. Parents can enrol children under 16 years of age, but children over 16 years need to sign their own form.

What happens if I go to another General Practice?

You can go to another general practice or change to a new general practice at any time. If you are enrolled in a PHO through one general practice and visit another practice as a casual patient you will pay a higher fee for that visit. So if you have more than one general practice you should consider enrolling with the practice you visit most often.

What happens if the general practice changes to a new PHO?

If the general practice changes to a new PHO the practice will make this information available to you.

What happens if I am enrolled in a general practice but don't see them very often?

If you have not received services from your general practice in a 3 year period it is likely that the practice will contact you and ask if you wish to remain with the practice. If you are not able to be contacted or do not respond your name will be taken off the Practice and PHO Enrolment Registers. You can re-enrol with the same general practice or another general practice and the affiliated PHO at a later time.

How do I know if I'm eligible for publicly funded health and disability services?

Talk to the practice staff, call 0800 855 151, or visit <https://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services> and work through the Guide to Eligibility Criteria.

DECLARATION

I confirm that I have read and understood the Health Information Privacy Statement provided to me.

Signed: Date:

Name:

Medical Information – Supplementary Form

This form helps us gather all required medical information/documents from your previous practice and to confirm whether a new patient appointment is necessary for children.

Full Name: **NHI:**.....

Please note: The questions below refer to the person being enrolled as a patient. If you are completing this form on behalf of someone else (e.g. your child), please answer as if the questions are directed at them, not you.

Question	Answer	
----------	--------	--

Do you have any current or past medical conditions, including any that require ongoing care or monitoring? <i>(e.g., asthma, diabetes, heart disease, epilepsy, high blood pressure, arthritis)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If yes, please list:

Are you currently taking any medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If yes, please list:

Do you have any allergies (to food, medications, or other substances)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If yes, please list:

Are there any planned or upcoming surgeries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If yes, please list:

Have you received immunisations overseas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If yes, please provide a copy of your immunisation record.

Please use the space below to provide any further information you would like us to know:

Enrolment Form Checklist

Please complete the checklist below and provide all required documents to ensure your enrolment can be processed. Please note that enrolments cannot be completed without the necessary documents required to prove eligibility.

Patient Name: **NHI:**.....

Mandatory Documents

Document	For Staff Use	
	Verified	
<input type="checkbox"/> Signed Enrolment Form	<input type="checkbox"/>	
<input type="checkbox"/> Signed Health Information Privacy Statement	<input type="checkbox"/>	
<input type="checkbox"/> Proof of Identity and Eligibility (see below)	<input type="checkbox"/>	
<input type="checkbox"/> Proof of Address (18+ years only)	<input type="checkbox"/>	
<input type="checkbox"/> Medical Information – Supplementary Form	<input type="checkbox"/>	
<i>If Applicable:</i>		
<input type="checkbox"/> Copy of Community Services Card (<i>Full fees will apply if not supplied</i>)	<input type="checkbox"/>	
<input type="checkbox"/> Immunisation records for overseas vaccinations	<input type="checkbox"/>	

Proof of Identity and Eligibility

Category (Choose One)	Document(s) Required (for chosen category)	For Staff Use	
		Verified	
<input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Valid Photo ID	<input type="checkbox"/>	
or			
<input type="checkbox"/> NZ Citizen Born Overseas	<input type="checkbox"/> NZ Passport or Citizenship Certificate	<input type="checkbox"/>	
or			
<input type="checkbox"/> Work or Resident Visa	<input type="checkbox"/> Valid Passport and	<input type="checkbox"/>	
	<input type="checkbox"/> Valid Work or Resident Visa(s) (<u>24-months</u> in total)	<input type="checkbox"/>	
	<input type="checkbox"/> NZ Birth Cert (for NZ-born children of visa holders)	<input type="checkbox"/>	

Acceptable Forms of ID

Photo ID: Passport, Driver's Licence, Kiwi Access, or Community Services Card (if no other photo ID is available)

Proof of Address: Rental Agreement, Utility Bill, Bank Statement, Council Rates Bill, or Payslip

FOR STAFF USE ONLY

Identity ID Type Sighted:	Expiry:	Last 4 Digits:
Visa Type Sighted:	Visa Start - Finish Dates:	
Address Proof Type Sighted:		
<input type="checkbox"/> Appointment booked	Date of Appointment:	
<input type="checkbox"/> Appointment pre-paid	Amount Paid:	