

At Juno Healthcare, we partner with you to achieve the best possible health outcomes.

We do this through a shared commitment between you and our team. This means we each play a part: Juno Healthcare will provide you with expert, personalised specialist care; and we ask that you actively participate in your program, attend your appointments, and meet your financial obligations in accordance with this Agreement. Shared responsibility — including timely attendance, open communication, and meeting payment and Medicare requirements — is what allows us to deliver the highest standard of care to you and every patient in our programs.

Your commitment:

By signing this agreement, you agree to take an active role in your health and to support safe, timely and effective care for yourself and others.

What we ask from you:**Respect**

- Be polite and respectful to all staff, clinicians, patients, families and carers.

Actively participate in your care

- Attend and take part in all booked appointments and tests on time.
- Follow the care and advice provided as part of your program.
- Understand that your results and progress depend on your participation.
- Understand that our team will only address the health issues covered by your referral and your program. If you have other health concerns, please speak with your GP.

Cancellation Policy

- Give at least 2 business days (Monday to Friday) notice if you need to cancel or reschedule an appointment.
- Agree that late cancellations or missed appointments will incur a \$50 fee.
- Agree that your stored payment card will be charged automatically for late cancellations and missed appointments, and that future bookings will pause until those fees are paid.

Fees:

- Pay program fees prior to your appointments.
- Understand that appointments are not confirmed until payment is received by Juno. Where you are unable to pay at the time of booking, we will reserve your appointment for up to 2 business days pending receipt of payment. If payment is not received within this period, the reserved appointment will be released.
- Agree that if my care plan does not cover the required number of allied health sessions, I will be responsible for paying the out-of-pocket fee for those appointments. Medicare subsidises up to 5 allied health sessions per calendar year. If your Care Plan does not have enough sessions to cover your program, out-of-pocket fees will apply to at the rate of \$60-\$75 per appointment (program-dependent).
- Agree that your stored payment card will be charged for any shortfall in available rebates on your Care Plan.

Medicare rebates:

- Claim your rebate directly from Medicare for Juno Healthcare services where Juno bulk-billing is not available. In those cases, we will provide you with a Medicare-compliant receipt after your appointment.

Consent:

I hereby:

- Agree that clinicians will bulk bill eligible appointments to Medicare.
- Agree that Juno Healthcare will securely store my card details with its third-party payment provider, Stripe.
- Authorise Juno Healthcare to charge my stored card for:
 - program and appointment fees;
 - late cancellation or non-attendance fees;
 - any shortfall in available rebates on my Care Plan; and
 - any other charges I expressly consent to.
- Agree to participate in video consultations (Telehealth), if scheduled as part of my care.
- Agree Juno Healthcare can contact me about appointments, billing and other updates regarding my care and Juno Healthcare services.
- Agree that clinicians can monitor and discuss my progress to tailor my care.

What you can expect from us:

- Respectful, safe, and confidential care.
- Support from the Juno team throughout your program.
- Care that is tailored to your needs and goals.
- The opportunity to raise concerns or complaints, which will be reviewed and responded to promptly. To raise a concern, contact us on 1300 414 251 or hello@junohealthcare.com.au.

Why this matters

Working together helps you get the most from your care, improves your health outcomes, and ensures services are available for everyone who needs them.

Agreement:

- I understand that my participation and commitment are important to achieving the best possible health outcomes.
- I agree to the terms and conditions set out in this document.
- I understand that if I do not follow this agreement, I may be asked to leave the Juno Healthcare program and seek care elsewhere.
- I accept that I have had an opportunity to ask any questions about this agreement prior to signing.

NAME:

SIGNED:

DATE: