



MANHATTAN FAMILY PRACTICE

The Medical Examination for Australian Immigration

Who is the medical practitioner?

Dr Albert Levy, Manhattan Family Practice is the appointed Panel Physician of the Australian Department of Immigration and Citizenship (DIAC). Dr. Levy has been in private practice in New York City since 1986 and is listed as a **Top Doctor** in New York and America. He is well-known for his excellent caring skills and professional knowledge. He is assisted by an experienced medical staff including Nurse Practitioners and Medical Assistants who will ensure the process is carried out efficiently and professionally.

What should be done prior to coming for appointment?

Prior to coming to your scheduled appointment, it is required for you to launch your application online at : <http://www.immi.gov.au/immigration>. When your application is complete, you will be assigned a “TRN”, “HAP” or “HRI” number. Please be sure to bring the referral letter which includes this information.

Where do I go for the medical exam?

The office is located at **911 Park Avenue**, on the SE corner of 80th Street and Park Avenue. The nearest subways are Lexington Avenue and 77th Street or Lexington Avenue and 86th. There are several parking garages located along 80th Street. The entrance is a black door on 80th Street. For the Chest X-ray, the location is just two blocks away (Third Avenue and 80th Street)

How much is the Medical examination going to cost? (Please see Schedule A)

The complete adult medical examination costs **\$525 which includes a physical examination, Chest X-ray, urine and laboratory tests as well as administration fees**. Payment must be made at the time and can be made by cash or credit card (Visa, MasterCard, American Express, Discover). If no blood tests are required the fee is \$475

Some applicants only require an X-Ray Examination and the total fees for this is **\$325 including the X-Ray**.

The fee is **\$200** for children 10 years and under. In rare cases, further tests and lab

work are required by the Australian authorities and additional fees are charged. (Their HAP ID will determine if this is necessary)

How do I arrange an appointment?

You may schedule an appointment by telephoning **212 288 7193**, Monday through Friday from 9am to 5pm. You can also email us at:

office@manhattanfamilypractice.com to schedule your appointment and most times same day appointments are available.

What happens if I miss my appointment or find that I need to change it?

We ask you to ensure that cancellations or changes are made with **at least 24 hours notice** as a courtesy to the doctor and to other patients who need the appointment time.

You can call 212 288 7193 or email: office@manhattanfamilypractice.com

What do I need to bring to the medical examination?

- You are required to bring a **valid passport** on the day of your appointment
- Referral letter (including “TRN”, “HAP” or “HRI” number) you receive after you launch your application online
- All relevant or specialist medical reports for known medical conditions if available.
- Covid-19 vaccination certificate
- Health insurance card (if additional blood tests are required- see D below)

A Registration form is printed on page 4 of this package. You may fill this form out in advance and bring it with you to your appointment to save time.

What does the medical examination entail?

Dr Levy and his excellently trained and experienced staff will make your visit as smooth as possible.

- A. First, our administrative staff will transfer all your personal information onto the Electronic Medical System and take your photograph in the office to accompany your application.
- B. The Doctors will record your complete **medical history** and perform a **physical examination**, including vital signs, urine analysis and blood testing. All applicants 15 years of age and older are required to have **blood (serologic) tests** for HIV. (Applicants under age 15 can be tested for HIV if there is reason to suspect the possibility of infection).
- C. A Chest X-ray must also be performed for those 15 years of age and older.
- D. Applicants who will be practicing as medical professionals (those who will be exposed to blood) may be required to have additional blood tests, including Hepatitis B and Hepatitis C and Quantiferon TB Gold test.

Frequently Asked Questions :

Where do I go for the Chest X-ray?

The Chest X-ray is performed at a facility just two blocks away from our office. You will be given full instructions by our staff at the time of your medical examination. No appointment is necessary for this.

How long will it take for the medical exam to be submitted?

As everything is submitted electronically, in most cases, the medical report will be ready within 7-10 working days after your appointment date.

Do I need any immunizations/vaccinations?

Immunizations are NOT required for this examination

Do I need to come in fasting for the blood test?

No, there is no need to fast before your appointment

Are you open on Saturdays?

As all Chest X-rays are carried out only during weekdays, we can no longer offer weekend hours.

Do I need to reschedule if I am menstruating?

Yes, it would be advisable NOT to come during your menstrual cycle as urine tests need to be carried out and this could affect the result.

Do you accept my medical insurance to cover the medical examination fees?

Unfortunately not. The medical examination conducted for an immigrant visa application is not covered by medical insurances. However, a receipt for the fees is given to you to try to submit to your insurance for possible reimbursement. Some additional blood tests may be payable by your health insurance.

Can I use the results of a recent medical examination at the time of my immigrant visa examination?

Regretfully not. Only a medical examination conducted by a panel physician for the purpose of your immigrant visa is acceptable.

How long will the examination take?

Please allow at least one and a half hours for all the administrative and medical tasks to be completed during your appointment.

Thank you for choosing Manhattan Family Practice and we look forward to helping you with this important step in the Visa process.

**If you have further questions please do not hesitate to call us on 212 288 7193
(See Schedule A and Registration Form below)**

**Albert Levy, M.D., FAAFP - Manhattan Family Practice
Australian Immigration Medical Examination**

**Schedule A
Medical Fees**

Medical Examination & Chest X-Ray <i>Exam 501 and Exam 502</i> <i>(Includes physical examination, urine tests, laboratory tests, Chest X-ray and administrative fees)</i>	\$525.00*
Medical Examination (No blood tests required) & Chest X-ray	\$475.00**
Medical Exam & Chest X-ray only (no lab tests or urine tests) <i>Exam 502</i>	\$325.00***
Children (10 years and under): Medical Examination (no X-ray required)	\$200.00

These examination requirements vary according to the immigration status of each applicant.

Notes

***\$450.00 is payable in our office (cash or credit card) and \$75.00 (credit card only) at the X-ray facility**

****\$400 payable (cash or credit card) in our office and \$75 (credit card only) at the X-ray facility**

*****\$250 is payable at our office (cash or credit card) and \$75.00 (credit card only) at the X-ray facility**

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Patient Registration Form

Australian Immigration

Last Name: _____ First Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ (mm) _____ (dd) _____ (yyyy)

Address: _____

City: _____ State: _____ Zip: _____

Country _____

GENDER: Male / Female/ Non-Binary/Transgender/ Other MARITAL STATUS: Single/Married /Widowed
(Please circle)

Email Address: _____

Home Phone: (____) - _____ - _____ Mobile Phone: (____) - _____ - _____

EMERGENCY CONTACT

Name: _____ Phone Number: (____) - _____ - _____

Relationship to patient: _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

We will not disclose your medical records to others without your consent or unless the law authorizes or compels us to do so. Our **Notice of Privacy Practices** describes in greater detail how your health information may be used and disclosed. (Copies are available at the reception.)

I understand that I am financially responsible for the payment of medical services received. I may be responsible for any balance not covered by my insurance and I hereby authorize Manhattan Family Practice to furnish any necessary medical or incidental information concerning my medical care and treatment to my insurance carriers.

SIGNED: _____ **DATE:** _____

(Parent or Guardian if patient is a minor)