Ulladulla Endoscopy and Medical Centre

111 Princes Highway
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www.ulladullaendoscopy.com.au
Hospital Provider No. 0027260A

INFORMATION ABOUT FEES/INFORMED FINANCIAL CONSENT
(Self-Funded/ Pensioner/ Health Care Card Holder)

We are a registered and accredited Private Day Hospital. We aim to provide the highest possible standard of care and quality to all our patients. Medicare will pay for the following fees and you will not receive an account in the mail:

1: **Doctor's fees** – the Doctors at this facility have agreed to bulkbill Medicare for their fees. Your accounts for the Surgeon and Anaesthetist will be sent directly to Medicare for payment.

2: **Pathology** - We use Southern IML Pathology Services (SIML). SIML has agreed to bulkbill through Medicare for their services.

Medicare **will not** pay for:

Day Hospital Cost – Medicare does not cover the Day Hospital Cost, therefore a gap payment will be required.The Day Hospital Cost (listed below) is what you will be required to pay on the day of the procedure. **As Medicare does not cover the Day Hospital Cost, you will not be able to claim a refund through Medicare. This is an out of pocket expense.**

If you have an additional procedure done, such as haemorrhoid banding, you will be required to pay an extra fee.

The Procedure(s) you are having is: Colonoscopy / Gastroscopy / Banding Only

The Day Hospital Cost is: .....

If you have an additional haemorrhoid banding procedure, you will be required to pay an extra $100.

Total out of pocket expense is: .....

Full payment for the total out of pocket expense is required on the day of the procedure.

Patient/Guardian to Complete			
I acknowledge that I have discussed the estimated costs of my in-hospital procedure with my Doctor. I agree that the costs above are an estimate only and subject to variation. I understand that I am responsible for all charges incurred. I understand that I do not have to proceed with the procedure even though I sign this form.			
Patient's Name			
Date of Birth:			
Address:			
Patient/Guardian Signature		**Date**	