

**INFORMATION ABOUT FEES/INFORMED FINANCIAL CONSENT  
(Work Cover)**

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.

The fees for your procedure are as follow:

1/ **Doctor's fees** - for the Surgeon and Anaesthetist

Formal approval from your insurance company is required prior to the procedure.

2/ **Day Hospital fee**

Formal approval from your insurance company is required prior to the procedure.

3/ **Pathology** - We use Southern IML Pathology Services.

Formal approval from your insurance company is required prior to the procedure.

The Procedure you are having is .....

If approval has been provided by your Work Cover Insurance company, there are no out of pocket expenses.

<b>Patient/Guardian to Complete</b>			
I acknowledge that I have discussed the estimated costs of my in-hospital procedure with my Doctor. I understand that my insurance company will be directly invoiced for all charges incurred but that I will be responsible to pay any other amounts not covered by my insurance company. I understand that I do not have to proceed with the procedure even though I sign this form.			
<b>Patient's Name</b>			
<b>Date of Birth:</b>			
<b>Address:</b>			
<b>Patient/Guardian Signature</b>		<b>Date</b>	