Ulladulla Endoscopy and Medical Centre

T 4455 5422

(Affix Patient Label)
Name:
DOB:
MRN:

INFORMATION ABOUT FEES/INFORMED FINANCIAL CONSENT (DVA)

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

Gold Card Holders are covered for all care.

White Card Holders are covered subject to approval by DVA.

2/ **Day Hospital fee**

Gold Card Holders are covered for all care.

White Card Holders are covered subject to approval by DVA. Our team will check with DVA if your procedure will be covered. If the procedure is only partly covered or not covered at all, we will inform you of the fee that you will be required to pay on the day.

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

Gold Card Holders are covered for all care.

White Card Holders are covered subject to approval by DVA.

The procedure you are having is .....

Patient/Substitute Decision Maker 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/Substitute Decision Maker Signature		**Date**	