

INFORMATION ABOUT FEES/INFORMED FINANCIAL CONSENT (Private Health Insurance)

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** – most of the Doctors at Ulladulla Endoscopy and Medical Centre (UEMC) are part of the "No Gap" arrangement with most Australian Health Funds. Therefore, your accounts for the Doctors will be sent directly to your Health Fund for payment on your behalf. You will not get an account in the mail.

Dr. Pappas, Dr. Larkin and Dr. Bullen are an exception to this. They will discuss their fees with you.

BUPA MEMBERS – Bupa only pays for one procedure per admission per day. If you have more than one procedure you will be required to pay an extra gap payment to Dr Kevin Le.

Bupa Patients Gap Payments:

Colonoscopy / Haemorrhoid Banding	\$150
Colonoscopy / Gastroscopy	\$300
Colonoscopy / Gastroscopy / Haemorrhoid Banding	\$450

2: **Day Hospital fee**- The Day Hospital Fee will be covered by your Private Health Fund if you have "Hospital Cover". You may be required to pay an "excess" or "co-payment" for the procedure depending on your level of cover.

If you have "Public Hospital Cover" or "Basic Hospital Cover", you will be asked to pay part of the Day Hospital Fee as your Health Fund will not cover the entire account.

If you have "Ancillary / Extras Cover Only" you will not be able to claim through your fund for your procedure at UEMC.

If you joined the health fund in the last 12 months, you may not be covered under the 12 month Pre-Existing Ailment Rule. Please check this with your health fund.

Our staff will do an Eligibility Check with your Health Fund. However, it is important that you check with your Health Fund to confirm what you will be required to pay on the day.

When we contact you to confirm the appointment 3 days prior to the procedure, we will also inform you of the fee (if any exists) that you will be required to pay on the day. You will be given an Informed Financial Consent Form to sign on the day of admission.

3: **Pathology** - We use Southern IML Pathology services (SIML). SIML will bill your Health Fund directly under the "No Gap" agreement and your Health Fund will pay your account.

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	

