Informed Financial Consent

Your surgery: the costs involved and what you may pay yourself

Practice letterhead

Before your surgery, we want you to understand the costs involved and what you may need to pay yourself. Please read this form together with your fee quote, ask us about anything that is unclear, and sign below.

Your details

Patient

Procedure

Surgeon

Hospital

Proposed date

Fee quote

Summary of fees from our rooms

Total fee

$

Est. Medicare + fund rebate

$

Est. out of pocket

$

Please tick each statement to confirm

- [ ] I have received a written quote for my surgeon's and assistant's fees. *
- [ ] I understand the estimated out-of-pocket amount I will need to pay, and when it is due. *
- [ ] I understand the anaesthetist and hospital will bill me separately, and that other services (such as pathology, radiology or prostheses) may also be billed separately. *
- [ ] I understand that Medicare and health fund rebates are estimates, and that I should confirm my cover with my health fund. *
- [ ] I understand that fees may change if my procedure changes, and that the practice will discuss any changes with me. *
- [ ] I have had the opportunity to ask questions about the fees, and my questions have been answered. *

Consent

Patient name *

Date *

☐☐ / ☐☐ / ☐☐☐☐

Signature *