

Financial Consent For Surgery

Dear

The following arrangements have been made for your operation:

OPERATION DETAILS

Hospital: Anaesthetist: Ph:

Date of surgery: Admission date: Time:

Nil by mouth from : Estimated operating time:

FINANCIAL DETAILS

Procedure(s) to be performed item nos:

Anticipated surgeon's fee: \$.....

Medicare rebate: \$.....

Private health insurance rebate: \$.....

Anticipated balance ("out of pocket") for surgeon: \$.....

You should also expect accounts from the Anaesthetist (fees are time, NOT Item Number based), from the Hospital (telephone Hospital and quote Item Numbers and your Private Health Fund schedule, if you are insured), and for pathology services. If your operation requires an Assistant Surgeon, he/she will send an account which will be equal to 1/5 of the Surgeon's fee.

Accounts will be posted the day after your discharge from hospital, and settlement within 30 days requested. A discount of 6% is offered, if the Surgeon's account is settled in full within 7 days of issue. If the account is not settled within the specified period, and prior arrangements for deferred payment have not been made, accounting and collection charges will be incurred. Surgeon's account can be paid by telephone. 'Out of Pocket' must be paid prior to surgery.

Please sign and date this financial consent form to indicate you have read and understood it, and that you agree to settle the account as requested above. Kindly return the signed copy to the address below.

Yours sincerely,

RAPHAEL KUHN

FINANCIAL CONSENT

Patient's signature: full name: *(please print)*

Patient's date of birth:

Witness signature: surname: *(please print)*