

Albury Day Surgery

4 Baker Court 4 Baker Court
Albury NSW 2640

PHONE (02)6041-1511

FAX (02)6041-1414

ABN 52 479 564 512

PROVIDER NUMBER 0657791J

IMPORTANT INFORMATION ABOUT YOUR HOSPITAL FEE ESTIMENT PLEASE READ CAREFULLY

Patient Name	Doe, John		
Date of Birth	01/01/2000		
Health Fund	HCF Health Fund -		
Surgeon	RECOVERY	Date of Surgery	05/05/2023

DETAILS OF PROPOSED SURGERY AND ESTIMATED COSTS

ITEM	DESCRIPTION	CHARGE	REBATE
ACCOM		\$0.00	\$0.00
32222	(a) following a positive faecal occult blood test; or (b) who has symptoms consistent with pathology of the colonic mucosa; or (\$644.00	\$644.00
TOTAL		\$644.00	\$644.00

Your total out of pocket is \$250.00

YOUR CONSENT

(If you wish to proceed with your admission please read and sign the following)

I understand and I agree:

- The above are estimates only and may be subject to variation and that these estimates do not include any of the charges that may be raised to me by the doctors involved during my admission.
- It is my responsibility to confirm with my health insurance fund about my level of cover (including excesses, co-payments, exclusions, and other related policy costs) I understand that this fee is for **hospital costs only** and does **not** include the fee from the surgeon or anaesthetist. If my health fund rejects the claim, I will be responsible for settlement of this account in full by 30 days from notification by the healthfund.
- I am responsible for any out-of-pocket costs such as those shown above as well as those relating to miscellaneous items such as any pharmaceuticals provided to me on discharge.

I hereby consent to these charges being raised to me and I agree to pay them.

Patient / Guardian's Signature Date :/...../.....

Guardian's full name Witness Signature.....