|  |  |
| --- | --- |
| **<<IFCLoc>>**<<IfcLocAdd1>> <<IfcLocAdd1>><<IfcLocSuburb>> <<IfcLocState>> <<IfcLocPostcode>> | **PHONE** <<IfcLocPhone>> **FAX** <<IfcLocFax>>**ABN** <<IfcLocABN>>**PROVIDER NUMBER** <<IfcLocProvNo>> |

**IMPORTANT INFORMATION ABOUT YOUR UPCOMING ADMISSION**

**PLEASE READ CAREFULLY**

|  |  |
| --- | --- |
| Patient Name | **<<IFCPatFullName>>** |
| Date of Birth | **<<IFCDOB>>**  |
| Health Fund | **<<IFCFundName>> - <<IFCFundNo>>** |
| Surgeon | **<<IFCDoc>>** | Date of Surgery | **<<IFCAdmDate>>** |

**DETAILS OF PROPOSED SURGERY AND ESTIMATED COSTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **DESCRIPTION** | **CHARGE** | **REBATE** |
| <<Item>> | <<Desc>> | <<Charge>> | <<rebate>> |
|  | **TOTAL** | <<IFCTotalC>> | <<IFCTotalR>> |

**Your total out of pocket is <<IFCGap>>**

**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. I also confirm I have been able to seek further information from the staff of <<ifcloc>> if I was unclear about any aspect of the above estimates.
* 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) and to confirm with my doctors their charges for the services they provide during my admission.
* 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 personal effects, magazines, STD telephone calls as well as any pharmaceuticals provided to me at 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 ...........................................................................................