Patient Estimate of Expenses

(Informed Financial Consent)

Patient Name	
Admitting Doctor	
UR Number	
Admission Date	
Room Preference	

Health Fund	
Membership No.	
Fund Table	
Fund Verification No.	
Excess	0.00
Co-payment	0.00

Procedure	Intended Item Numbers	Anticipated Days
		1

		Hospital Estimate	Fund Rebate	Patient Cost
Episodic Payment $				0.00
Accommodation Type	Day Only $			0.00
	Overnight $			0.00
Theatre/Birthing Suite				0.00
Prosthesis / Disposables $	Rebate Code:			0.00
				0.00
Other				0.00
TOTAL ESTIMATE		To be paid prior to admission		0.00

This is an estimate only, which is based on information provided prior to any treatment given. Should additional or alternative procedures be performed, Calvary Private Hospital reserves the right to review these charges. Health fund information is confidential and is used only for Calvary Private Hospital billing purposes. In some cases, an early discharge may reduce the rebate received from your Health Fund which will increase the amount payable by you

Patient / Next of Kin / Carer / Legal Guardian to Complete

I understand that they are estimates and may change as a result of variations in the treatment provided.
I accept responsibility for payment of this account, including (if applicble) if a nominated insurer does not pay the anticipated rebate.

Signed: .....(person responsible for payment)

Name: .....(please print)

Relationship: ..... Date: .....

Office use only:
Estimate prepared by Signed: .....
Date:

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Patient / Next of Kin / Carer / Legal Guardian to Complete

I have been advised of the above cost estimates in respect of the proposed treatment for
I understand that they are estimates and may change as a result of variations in the treatment provided.
I accept responsibility for payment of this account, including (if applicble) if a nominated insurer does not pay the anticipated rebate.

Signed: .....(person responsible for payment)

Name: .....(please print)

Relationship: ..... Date: .....

Office use only:
Estimate prepared by Signed: .....
Date:

Financial Commitment

Please read the Patient Estimate of Expenses (informed financial consent) form carefully and sign on the front where indicated. When you sign the form as either the patient or the person responsible for payment you acknowledge and agree to the following conditions.

Actual expenses incurred may differ from the estimate

Every effort has been made to provide an accurate estimate of expenses. However, additional costs are sometimes incurred during your hospital stay. The information on this Patient Estimate of Expenses form may change because:

- To generate the estimate of expenses Calvary Private Hospital relies on information provided by your health insurance fund which may change.
- The treating doctor may vary the proposed treatment, procedures, prosthetics or the length of time you are required to stay in hospital. In some cases, an earlier than expected discharge will mean that the rebate paid by your Health Fund, as disclosed, reduces accordingly. This will mean the amount estimated to be paid will increase and may necessitate you paying the difference.
- Sundry charges (eg visitors meals, phone calls, boarder fees, therapy aids) may be charged

If this occurs, you will be requested to pay the balance at the time of discharge.

You agree to pay any balance of the actual expenses incurred

Your final account reflects

- The actual treatment and procedures that occurred
- The number of nights you spend in hospital (All hospitals calculate length of stay by the number of nights you are in hospital at midnight)
- The disposables and prosthetic items used
- Any out of pocket expenses payable by you

You must pay the full amount if your health insurance does not cover cost of treatments

You are responsible for the full cost of the hospital stay if your private health insurance fund does not cover the treatment, the procedures or the length of stay. This may occur but is not limited to the following circumstances:

- The treating doctor does not provide documentation required by the health insurance fund
- The health fund rejects a claim for any reason

Obstetric Patients

If you are an obstetric patient and you are not already in a Family Table, we recommend you contact your health fund as soon as possible to upgrade so that your baby is insured should it require private admission to the Special Care Nursery.

You are responsible for accounts from other providers

You are responsible for accounts which you may receive from other providers. These accounts are sent directly from the service provider and are not related to the hospital account. You may be able to claim some of these accounts with your health fund.

Pharmacy	Radiology
Pathology	Anaesthetist
Admitting Doctor	Assistant to the surgeon
Paediatrician	

Health Fund Patients

Please contact your health fund, before admission, to check your level of cover, and clarify any excess or co-payments you may have.