



Patient Name: _____

Admission Date: ____/____/____

INFORMED FINANCIAL CONSENT

At St Andrew's we have a commitment to ensure that you are informed about your financial obligations. Depending on your health cover or insurance you may be responsible for a range of out-of-pocket costs. The hospital will contact your health fund/insurer to confirm your cover and will make every effort to provide you with details relating to any out-of-pocket hospital costs before the service is provided. Where this is not possible (eg in emergency circumstances) the hospital will confirm these details at the earliest opportunity. In the event of unforeseen circumstances additional costs may apply.

St Andrew's Hospital Account

Costs may include:

- Excess and/ or co-payments
- Prosthetic gaps - surgically implanted prostheses or medical devices
- Services or treatments restricted under your level of cover

Other Service Provider Accounts

In addition to the hospital costs, you may also have out-of-pocket costs for other services, including the difference between the fees charged and the amounts paid by Medicare and/or your health fund. We recommend that you discuss these costs with your Surgeon or Specialist prior to your admission. Other services may include:

- Your Surgeon or Specialist
- Other Specialists including Anaesthetist, Surgical Assistant, Physician etc
- Intensive Care Services
- Pathology or Radiology (e.g. blood tests, X-Ray etc)
- Pharmacy
- Home Nursing/Other Services

I have been advised that there may be out-of-pocket costs associated with my hospital admission.

I understand that I will be responsible for any costs not covered by my health fund/insurer.

I agree to pay any additional costs associated with my hospital admission.

Signed

(If signed by person other than patient, please provide name and relationship to patient)

Date