

## INFORMED FINANCIAL CONSENT

### Patient Details

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ understand and agree to pay out of pocket expenses associated with minor procedural work (e.g. excisions) I am having performed by Doctor \_\_\_\_\_.

I understand out of pocket expenses will vary depending on the procedure but are typically between \$100 - \$350 and my doctor will discuss this with me prior to the procedure.

Out of pocket expenses will include:

- A practice fee of \$53.60 (not claimable from Medicare)
- Additional gap costs (out of pocket expenses) for MBS item numbers if the procedure is privately billed.

*Please note, dressings and removal of stitches relating to "normal aftercare" are not included in the practice fee.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_