



ESTIMATION OF MEDICAL FEES – SURGICAL ASSISTANT

The following estimate indicates the likely costs you will be required to pay for the surgical assistant associated with your operation or procedure.

Please note that this is an estimate only. Unless specified, the estimate refers only to the fees charged by your surgical assistant. It does not cover services provided by other doctors or other costs associated with your treatment. Sometimes, in the event of unforeseen circumstances, it may be necessary to arrange additional medical services resulting in further charges to you.

If you have any concerns or require further information please discuss this with your surgical assistant or secretary, preferably before your procedure.

PATIENT NAME: **DOB:**

HEALTH FUND: YES/NO **HEALTH FUND NAME:**

AGED PENSIONER: YES/NO **YOUR PHONE NO.:**

SURGICAL ASSISTANT: **SURGEON:**

HOSPITAL: **DATE OF SURGERY:**

PROCEDURE:

SURGEON'S ITEM NUMBER: **SURGEON'S QUOTE: \$**.....

..... \$.....

..... \$.....

TOTAL OF SURGEON'S QUOTE: \$.....

Please complete the following after receiving estimate from Gosford Anaesthetic Clinic:

TOTAL INVOICE: \$.....

MEDICARE &/OR FUND REBATES \$.....

GAP AMOUNT: \$.....

NOTES:

1. TOTAL BENEFIT – This includes the medical rebates payable by Medicare Australia and your health insurer which together provide a contribution to the cost of medical services. For further information please contact your insurer.

2. GAP PAYMENT – This is the amount not covered by Medicare Australia or your health insurer and will be charged to you. For further information please contact your insurer.

*Provision of the actual estimated benefit and gap payment is optional. The patient can be referred to their insurer for this information.