



# OLD VIC ANAESTHETISTS

The Old Vic Anaesthetists, 40 Ann St, PO Box 3023, East Launceston, Tasmania 7250  
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www.oldvic.com.au

## **GENERIC INFORMED FINANCIAL CONSENT**

You have been referred to an Old Vic anaesthetist for treatment requiring hospitalisation. Please read and fill out this form and then return it to the Old Vic rooms **before** your hospital admission. The anaesthetic fee for your anaesthetic is determined by the complexity and duration of your surgery and anaesthetic care as recommended by the Australian Society of Anaesthetists. Often the fee will exceed the amount the Government and your health fund are prepared to reimburse you. This 'gap' is your responsibility to pay.

Old Vic anaesthetists offer a significant discount for prompt payment in an effort to minimise your out-of-pocket expense.

What is Informed Financial Consent? The Health Legislation Amendment Act 2000 requires that we disclose additional financial interests to you prior to your procedure and obtain your financial consent. This is an estimate of the likely out-of-pocket medical costs incurred by you. In the event of unforeseen circumstances it may be necessary to add additional medical services resulting in further charges to you. Please see www.oldvic.com.au for more information.

### **BEFORE YOU RETURN THIS FORM, PLEASE:**

1. Read the following information about possible insurance categories
2. Select which statement best applies to you by ticking the appropriate box
3. Complete the section overleaf for your personal details
4. Sign and date the declaration

Often where another institution or compensatory body is responsible for the account or the patient is a pensioner with private hospital insurance there will be **NO GAP TO PAY**.

- I have a **DVA Gold Card**
- My account is covered by **Worker's Compensation** or is an **MAIB** claim, and has been approved
- I am a **pensioner and I have private hospital insurance**
- I **do not have private hospital insurance** and I understand I will have a gap to pay.
- I am a member of a **fund listed below offering a Known Gap** and I understand that I will be responsible for that gap. Please contact the rooms for the exact amount.

Type to enter text ACA	Doctors' Health Fund	Peoplecare
CY Health	onemedifund	Teachers Federation
HIF of WA	rt Health	Credicare
Qld Country	CBHS	Health Partners
AHM	GMF	Phoenix
Defence Health	Navy Health	Teachers Union
Medibank Private	St Lukes Health	
Reserve Bank Health	Central West	
Aust Unity (inc GUH)	HCI Ltd	

I am a member of a **fund listed below and I understand I will have a gap** to pay. Please contact the rooms for the exact amount.

BUPA	Manchester Unity	Federation
GMHBA	NIB	HCF
Latrobe	Druids	MBF
Mildura	HBF	Alliances
Cessnock	MBF	
HBA	Westfund	

**Please fill out all the following information and return to the Old Vic.**

Name			
Date of birth			
Home address			
Mailing address			
Email			
Home number		Mobile number	
Medicare #		Reference #	
Pension/HCC #		DVA #	
Health fund		Member number	
MAIB claim number		MAIB insurer	
Employer		Employer phone	
Employer address			
Surgeon		Hospital	
Procedure date		Anaesthetist	

I have read and understood the above information. I understand that these costs are an estimate only and subject to variation. I am responsible for payment of the 'Gap' amount where applicable, and I understand that it is not claimable through any other source. I authorise my health fund to claim my Medicare benefit and I assign all benefit entitlements to the anaesthetist performing my anaesthesia. I authorise the hospital or my anaesthetist to provide my health fund with any relevant information required for the assessment of this claim. This form is neither consent to, nor a request for, a procedure.

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

**Please visit [www.oldvic.com.au](http://www.oldvic.com.au) for more information**