



INFORMED FINANCIAL CONSENT FOR PAEDIATRIC DENTAL PROCEDURES

WITH DR EI LEEN LEE / DR VAISHALI LONDHE

PLEASE COMPLETE THE FORM AND MAIL, FAX OR E-MAIL TO office@caseyanaesthetics.com.au BACK TO US AS SOON AS POSSIBLE AFTER BOOKING HAS BEEN MADE

NAME:

ADDRESS:

DATE OF BIRTH:

CONTACT NUMBERS:

DATE OF PROCEDURE:

PLEASE TICK THE RELEVANT BOX FOR THE TIME OF YOUR CHILD'S PROCEDURE AND SIGN AT THE BOTTOM OF THE FORM INDICATING YOU HAVE READ THIS INFORMATION.

IF YOUR HEALTH INSURANCE COVER IS BASIC OR EQUIVALENT TO AND ONLY PAYS THE SCHEDULE FEE, YOUR FEE WILL BE THE SAME AS AN UNINSURED PATIENT.

Up to 60 mins

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Uninsured, NIB
Overseas, | \$600.00 full fee (you can claim some back from Medicare/Insurance) |
| <input type="checkbox"/> | Medibank, Bupa, HCF
Alliance, GMHBA | \$225.00 out of pocket |
| <input type="checkbox"/> | FRANK, Latrobe, St Lukes | \$325.00 out of pocket |

60mins – 75mins

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | Uninsured, NIB
Overseas, | \$675.00 full fee |
| <input type="checkbox"/> | Medibank, Bupa, HCF
Alliance, GMHBA | \$300.00 out of pocket |
| <input type="checkbox"/> | Frank, Latrobe, St Lukes | \$400.00 out of pocket |

75mins – 90mins

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | Uninsured, NIB
Overseas, | \$750.00 full fee |
| <input type="checkbox"/> | Medibank, Bupa, HCF
Alliance, GMHBA | \$300.00 out of pocket |
| <input type="checkbox"/> | Frank, Latrobe, St Lukes | \$400.00 out of pocket |

90mins – 105mins

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | Uninsured, NIB
Overseas, | \$825.00 full fee |
| <input type="checkbox"/> | Medibank, Bupa, HCF
Alliance, GMHBA | \$350.00 out of pocket |
| <input type="checkbox"/> | Frank, Latrobe, St Lukes | \$450.00 out of pocket |

105mins – 120mins

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | Uninsured, NIB
Overseas, | \$900.00 full fee |
| <input type="checkbox"/> | Medibank, BUPA, HCF
Alliance, GMHBA | \$400.00 out of pocket |
| <input type="checkbox"/> | Frank, Latrobe, St Lukes | \$500.00 out of pocket |

PAYMENT OF THESE FEES MUST BE PAID 7 DAYS PRIOR TO YOUR CHILD'S PROCEDURE. WE ACCEPT CASH (come into the rooms), CHEQUE, MONEY ORDER OR VISA AND MASTERCARD TRANSACTIONS OVER THE TELEPHONE BETWEEN 8.30 AM AND 5 PM MONDAY TO FRIDAY THANK YOU.

****PLEASE NOTE IF YOUR CHILDS PROCEDURE TAKES LONGER THAN THE TIME ALLOCATED YOU WILL RECEIVE ANOTHER INVOICE FOR THE NEXT FEE BRACKET**.**

SIGNEDDATE.....

PRINT NAME PLEASE PATIENT / PARENT / GUARDIAN
(PLEASE CIRCLE)