

Financial Consent Information

Please read this Financial Consent information carefully.

On admission you will be asked to sign our Estimate for Hospital Services form. By signing this form as either the patient or the person responsible for payment you are acknowledging and agreeing to the following conditions:

I have been advised of cost estimates in respect of my proposed treatment. I understand that these are cost estimates and may change as a result of variations in the treatment provided.

I understand that the patient payments are my responsibility.

I acknowledge that it is my responsibility to confirm with my health insurance fund what my policy covers me for and I will be responsible for any costs not covered by my policy ie, excess, co-payment, restricted items/procedures.

I agree to be personally liable for payment of all treatment at Monash Surgical Private Hospital, irrespective of any claim I may have against any health fund or third party. I understand that if my accounts remain unpaid and legal action needs to be taken, that I am also responsible for the fees incurred to collect this debt.

All charges received from a Debt Collector will be passed onto the patient.

I also understand that if I require admission to another hospital for further care, I will be responsible for all costs incurred.

I understand I am responsible for accounts from other providers and I may receive accounts from the Surgeon(s), Assistant Surgeon(s), Anaesthetist(s) and Pathology.

Actual expense incurred may differ from estimate – every effort has been made to provide an accurate estimate of expenses, however additional costs are sometimes incurred during your hospital stay.

The information on this Estimate for Hospital Services form may change because:

- The hospital relies on information provided by the relevant health fund which may change.
- The treating doctor may vary the proposed treatment, procedure or the proposed length of stay.
- The hospital's rates are subject to change.
- Sundry charges (eg: prostheses, ENT (tubes), IUD, other surgical devices)

Where a prosthesis (an implanted medical device) is required, there will be at least one device that is fully covered by your health insurance. However, based on your specific clinical need, your doctor may recommend a device that requires a gap payment by you. As with any medical procedure, if unforeseen circumstances should arise during the procedure it may be necessary for your doctor to use a different or more costly prosthetic device. If this happens there may be additional cost for you.

You agree to pay any balance of the actual expense incurred.

The final account will reflect:

- The actual item numbers for the performed procedure.
- Disposable and prostheses items.
- Any balance payable by you.

You will be required to pay the balance at the time of discharge or alternatively an account will be forwarded to you which will require payment within 14 days.

You must pay the full amount or any outstanding balance if your insurer/payer does not cover the cost of treatment. The balance between the rates charged by the hospital and the fund coverage must be paid by the person responsible for the account. If Health Insurance benefits do not apply, the person responsible for the account must pay the charges that arise as a result of the admission to hospital.

Health Fund Questions and Answers Please refer to our brochure.