



CASEY ANAESTHETIC SERVICES

an association of specialist anaesthetists

INFORMED FINANCIAL CONSENT FOR PAEDIATRIC DENTAL PROCEDURES

WITH DR EI LEEN LEE

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 Plus 15 minutes anaesthetic time

- Uninsured, NIB Overseas, \$600.00 full fee (you can claim some back from Medicare/Insurance)
- Medibank, Bupa, HCF Alliance, GMHBA, Mildura \$225.00 out of pocket
- Latrobe \$325.00 out of pocket

60 mins – 90mins Plus 15 minutes anaesthetic time

- Uninsured, NIB Overseas, \$750.00 full fee
- Medibank, Bupa, HCF Alliance, GMHBA, Mildura \$300.00 out of pocket
- Latrobe \$400.00 out of pocket

Telephone: (03) 9791 2733 • Fax: (03) 9706 8430

2 Ryder Street, Noble Park Vic. 3174 • P.O. Box 8144 Dandenong Vic. 3175

General Enquires: office@caseyanaesthetics.com.au • Theatre Bookings: bookings@caseyanaesthetics.com.au

90 mins – 120mins

Plus 15 minutes anaesthetic time

- Uninsured, NIB Overseas, \$900.00 full fee
- Medibank, BUPA, HCF Alliance, GMHBA, Mildura \$400.00 out of pocket
- Latrobe \$550.00 out of pocket

120mins to 150 mins plus 15 minutes for anaesthetic time

- uninsured, NIB Overseas, basic \$1100.00 full fee
- Mmedibank, Bupa, Alliance HCF, GMHBA, Mildura \$500.00 Out of Pocket
- Latrobe \$700.00 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)