

DR. JOHN R. CORMACK
M.B.B.S. FANZCA. DA(UK). Dip RACOG
SPECIALIST ANAESTHETIST
Provider no. 033291CJ

Pensioner card no. _____

Health care card no. _____

QUOTE OF ANAESTHETIC FEES

DATE OF SURGERY

OPERATION

PLEASE PHONE THE ANAESTHETISTS SECRETARY BEFORE COMING INTO HOSPITAL IN ORDER TO MAXIMISE YOUR HEALTH INSURANCE REBATE ON 93292311. THANK YOU

Your fee will be derived from the medical benefit schedule and a gap according to the operation and time. For some operations, this can be predicted accurately prior to your operation. In other cases, it will be hard to tell exactly until the operation is underway.

By giving you an estimate of your fee prior to the operation, which you can sign, you may be given a significant extra amount from your private health fund – “Gap Cover”. Whether these covers your entire out of pocket expense is up to your health fund as they vary considerably in the rebates provided. The provider has no hidden financial interest in this service.

Total Estimated fee for anaesthetic service \$_____

Minus \$_____

Estimated MBS Schedule fee

Leaving a payment of \$_____

You can find out what your rebate will be by calling your private health fund.

Print Name

Signed by Patient or Guardian.....

Unless you are with NIB or are uninsured – payment is not required until after your procedure.

Mail to: 339 Queensberry Street, North Melbourne, Vic. 3051

PH: 9 329 2311 – Fax 9 329 7255 or email to bookings@anaesthesia-analgesia.com.au.

Website: www.anan.com.au