

QML Pathology Warfarin Care Clinic

Informed Financial Consent

Date:

Surgery/Hospital Fax Number:

Dear Doctor

Regarding a registration request to monitor the Warfarin doses for the following patient:

Patient Name:

Patient D.O.B.:

Reference Number:

The QML Pathology Warfarin Care Clinic is not funded by Medicare or any other funding source, and in order for QML Pathology to continue to provide this service, new and re-registering patients will receive a registration fee at the time of their first INR test. These initial charges will contribute towards their Medicare Safety Net

An annual fee will be charged on the 1st of November each year. Patients who were registered during the months of July to October may be exempt from the annual fee for November of the same calendar year.

Please ensure your patient has been made aware of the registration and annual fees by asking them to sign this document and returning to us before the registration can be finalised.

Reply fax to the Warfarin Care Clinic on **07 3121 4335**, or email **Warfarin@qml.com.au**.

Warfarin Care Clinic Registration Fee as of 1st November, 2018

Private \$275* OOP plus MBS rebate for 1st INR test or other pathology tests requested

Concessional \$140* OOP plus MBS rebate for 1st INR test or other pathology tests requested

Annual Warfarin Clinic Fee as of 1st November, 2018

Private \$130*

Concessional \$65*

To The Patient

Are you over the age of 65 or under the age of 18? Yes/No

Do you hold any of the following cards? Yes/No

Pension / Health Care / Commonwealth Seniors Card / DVA Card (please circle)

If DVA Gold Card or White Card with an Accepted Condition requiring the administration of Warfarin, please supply details in order for QML Pathology to bill the DVA directly on your behalf:

Name on card: _____ Card Number: _____ Expiry Date: _____

• **If you answered YES: you are entitled to the concession rate,**

• **If you answered NO: you are considered a private patient**

Please cross out the fee below that does not apply to you:

I _____ understand that QML Pathology will provide me with an account after the first INR test of \$275* (private) / \$140* (concession), which is an out of pocket cost after the Medicare rebate. Future INR tests will be bulk billed if I have a Medicare card.

I understand that I will also be required to pay an annual fee each November of \$130* (private) / \$65* (concession). If I was registered during the months of months of July to October I may not be required to pay the annual fee for the same calendar year but will do so thereafter.

Signature: _____ Date: _____

*Dependent on Medicare Rebate and/or subject to change without notice. Concession rates will apply to all patients over the age of 65 and under the age of 18, DVA and Health Care Card holders. Prices, where displayed, are correct at time of printing and are subject to change without notice.