



Whittlesea Interventional Radiology  
and Embolisation Specialist

Dr Philip Chan  
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Interventional Radiologist

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## INFORMED FINANCIAL CONSENT

*The following information is relevant to your upcoming procedure. It is important that you read and understand this information carefully before signing this form.*

### YOUR PROCEDURE

#### INTERVENTIONAL RADIOLOGIST FEE

This procedure does not carry an out-of-pocket fee for Dr Philip Chan.

The fees quoted above are for Dr Chan only and do not take into account of any anaesthetic, hospital, radiology, pathology, pharmacy or post-operative fees.

#### ANAESTHETIST FEE

If you require an anaesthetist, their team will contact you to discuss their fees.

#### HOSPITAL COSTS

The hospital will call you prior to your surgery and discuss the details of your admission.

Most health fund policies have an excess that needs to be paid directly to the hospital, which needs to be paid on the morning of your admission. For further information, please contact your health fund directly.

#### RADIOLOGY, PATHOLOGY, PHARMACY

If these services are required during your hospital stay, the service provider may charge you out-of-pocket fees associated with the service.

#### PATIENT CONSENT

I have been advised of the above cost estimates and financial interests in respect of my proposed treatment. I understand that the patient's payments (gaps) are my responsibility. I acknowledge that the cost estimates may vary as a result of variations in the treatment provided and remain valid for six (6) months.

I understand that it is my responsibility to confirm eligibility with the Health Fund. If my Health Fund rejects my account, I understand that I will be responsible for settlement of this account in full by thirty (30) days from notification by the Health Fund. I understand that other health professionals may be involved in the treatment and that this estimate does not include those fees or charges.

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Patient Name

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Patient Signature

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Date Signed