

# Dorevitch 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 Dorevitch Pathology Warfarin Care Clinic is not funded by Medicare or any other funding source, and in order for Dorevitch 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.

**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 **(03) 9244 0431**, or email **warfarin@dorevitch.com.au**.

### Annual Warfarin Clinic fee as of 1<sup>st</sup> November, 2018

Private \$100\*

Concessional \$50\*

#### 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 Dorevitch 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 Dorevitch Pathology will provide me with an account after the first INR test which is an out of pocket cost after the Medicare rebate.

Future INR tests will be bulk billed if I have a Medicare card. Once the dosing service has commenced, an administration fee will apply if the registration is cancelled.

### Annual Warfarin Clinic fee as of 1<sup>st</sup> November, 2018

Private \$100\*

Concessional \$50\*

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.