

# 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 for QML Pathology to continue to provide this service, new and re-registering patients will receive a non-refundable 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 yearly. Currently billed on the 1st of each November. Those registered during the months of July to October may be exempt of the annual fee for November of the same calendar year.

**Please ensure your patient is aware of the non-refundable registration fee, and the ongoing annual fees. The Informed Financial Consent should be signed by the patient and a copy given to both the patient and to the Warfarin Clinic.**

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

## Warfarin Care Clinic registration fee

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

Once the dosing service has commenced, the registration fee is payable even if the service is later cancelled.

## Annual Warfarin Clinic fee

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 and non-refundable cost after the Medicare rebate.

Future INR tests will be bulk billed. If you do not have a Medicare card you will incur extra costs for each of the blood tests. Once the dosing service has commenced, the registration fee is payable even if the service is later cancelled.

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 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.