



ESTIMATE OF MEDICAL FEES

As a service to our patients, we provide the following information on the estimate of the likely medical costs you will be required to pay for your in-hospital or day elective procedure.

You should discuss these costs with your doctor or doctor's staff before your procedure to be sure you understand what costs you may be liable to pay yourself. You will be liable for any costs not covered by Medicare or your health fund.

You will have to pay a non-refundable theatre booking fee to NTMS (NT Medical Specialist), which is payable before the procedure, regardless of insurance status. This could range between \$125.00 to \$175.00 depending on the required procedure.

If you are uninsured, you will be liable to pay the estimated fee prior to the procedure. The initial fee covers the standard procedure only. If there is any difference to the actual fee incurred post procedure, the outstanding amount will be invoiced later.

INSURED PATIENTS

For insured patients insured with hospital cover, doctors at NTMS do not charge a gap on top of the \$125 booking fee. Extra fees may apply for insurance excess and anaesthetic gap. It is advised that you confirm your level of cover with your health insurer and our anaesthetist for potential out of pocket expenses. If the private health fund does not cover the patient for the full scheduled fee, any gap arising in the situation will have to be paid by the patient.

UN-INSURED PATIENTS

Please note that this is an estimate only of the fees charged by this practice (NT Medical Specialists - NTMS). These outlined charges do not cover the anaesthetist (except Dr. Neil Dooney), surgery, hospital or pathology fees (except a rough estimate of day surgery fee for certain procedures). In most cases surgery/hospital and pathology fees are dealt with directly with the insurance company. Please contact the anaesthetic service (except Dr. Neil Dooney), the Darwin Day Surgery, the Darwin Private hospital and/or pathology for their fee structure (contact details provided at the end of the document).

As with any medical procedure, if unforeseen circumstances should arise during the procedure it may be necessary to arrange additional medical services. If this happens there may be additional costs to you that are not covered by this estimate.

Our fees may be paid by cash, EFTPOS, direct debit, credit card or cheque payment. Please contact our office or visit our office in person for making payments by cash, EFTPOS or credit card. All cheque payments are to be drawn in favour of 'NT Medical Specialist Trust'. For direct debit, please use our bank details as shown below. Please ensure that you indicate your name in full while making the remittance to identify your payment.

Beneficiary Name: NT Medical Specialist Trust
Bank Name: National Australia Bank (NAB)
Account Number: 178396065
BSB Number: 085245



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Estimate of Fees for Patients who are Uninsured:

Procedure	NTMS Booking Fee	Gastroenterology fee	Anaesthetic Fee	Darwin Day Surgery Fee	Medicare Rebate (please confirm)	Out of Pocket expenses for Uninsured (please confirm)
Standard Colonoscopy (32090)	\$175.00	\$435.00	\$328.00	\$950.00	\$370.80	\$1,467.20
Standard Gastroscopy (30473)	\$125.00	\$230.00	\$328.00	\$650.00	\$252.85	\$1,080.15
Standard Sigmoidoscopy (32084)	\$125.00	\$150.00	\$328.00	\$650.00	\$203.55	\$1,049.45
Gastroscopy with dilatation (41819)	\$125.00	\$500.00	\$328.00	\$750.00	\$381.75	\$1,321.25
Standard Colonoscopy and Gastroscopy (32090 & 30473)	\$175.00	\$550.00	\$369.00	\$1,500.00	\$452.225	2,091.78

Estimate of Fees for Patients who are Uninsured and who are pensioners (over 60 years of age):

Procedure	NTMS Booking Fee	Gastroenterology fee	Anaesthetic Fee	Darwin Day Surgery Fee	Medicare Rebate (please confirm)	Out of Pocket expenses for Uninsured (please confirm)
Standard Colonoscopy (32090)	\$175.00	\$435.00	\$328.00	\$780.00	\$370.80	\$1,297.20
Standard Gastroscopy (30473)	\$125.00	\$230.00	\$328.00	\$580.00	\$252.85	\$1,010.15
Standard Sigmoidoscopy (32084)	\$125.00	\$150.00	\$328.00	\$580.00	\$203.55	\$979.45
Gastroscopy with dilatation (41819)	\$125.00	\$500.00	\$328.00	\$680.00	\$381.75	\$1,251.25
Standard Colonoscopy and Gastroscopy (32090 & 30473)	\$175.00	\$550.00	\$369.00	\$1,200.00	\$452.225	\$1,791.78



Estimated Base rates for Gastroenterology fee for additional procedures performed due to abnormalities encountered (This is further subject to addition of fee from Anaesthetist and Darwin Day Surgery):

Procedure	Gastroenterology fee	Medicare Rebate (please confirm)	Out of Pocket expenses for Uninsured (please confirm)
Colonoscopy with polypectomy (32093)	\$610.00	\$351.90	\$258.10
Gastroscopy with removal of polyp/foreign body (30478)	\$320.00	\$184.20	\$135.80
Gastroscopy with variceal banding (30476)	\$320.00	\$184.20	\$135.80
Sigmoidoscopy + polypectomy (32078)	\$220.00	\$126.45	\$93.55

If you are a pension card holder, you may be eligible for a discount at the discretion of the doctor performing the procedure.

Contact Details :

Darwin Day Surgery: 08 8920 2899

Darwin Private Hospital:

Front Reception: 08 8920 6024

Pre Admissions Clerk: 08 8920 6350

Day Surgery: 08 8920 6119

Pre-Admission Clinic: 08 8920 6012

Accounts & Billing: 08 8920 6017

Theatre Reception: 08 8920 6037

Anaesthetist: Northern Anaesthetists, Tel: 08 8920 6045

Neil M Dooney Tel: 03 9419 4277

Stanley Tay Tel: 0466 988 990



DECLARATION BY PATIENT OR GUARDIAN:

I understand that this is an estimate only and may be subject to variation. I acknowledge that it is my responsibility to confirm with my health insurance fund the level of cover that I have and any amount not covered will be my responsibility to pay. I further acknowledge that if I do not have insurance cover, I am liable to pay the estimated fee before the procedure, subject to post procedure settlement of any differences in the estimated fee that may arise. I have been advised that other health professionals may be involved in my treatment and I understand that this estimate does not include their fees or charges unless specifically stated otherwise.

I understand and agree to pay all of NTMS accounts notwithstanding any denial by Health Insurance Funds, Workers Compensation or Motor Accidents Insurance Board or any other relevant body and I shall be responsible for and shall indemnify and keep indemnified NTMS from all costs, commissions, fees, charges, expenses including but not limited to legal expenses on a solicitor client basis incurred directly or indirectly by on or behalf of NTMS resulting from the calculation of demand for and collection of overdue monies considered by NTMS to be due and owing by me to NTMS including interest on such overdue monies. I understand that a credit enquiry may be carried out with a credit reporting agency. Should I fail to pay any outstanding accounts my details may be listed with a credit agency until the account is finalized.

Patient or Guardian's signature		Date	
Patient's or Guardian's full name			