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Dr Dermot Cassidy
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Dr Colby Hart
Provider: 490877GF, ABN: 57 355 996 857

ESTIMATE OF MEDICAL FEES

Patient Name: Mr Bryan BOTTERILL (23/12/88)
Surgery: RIGHT CATARACT REMOVAL + IOL
Surgery Date: Monday, 18 November 2024

1) Surgeon : Dr Colby Hart (Ph: 03 9654 3500)

The total fee will need to be paid a minimum of seven days prior to surgery in order to secure your theatre booking. If you have not yet had your initial consultation, the total fee will be due at the completion of that consultation in conjunction with your consultation fees. After the surgery, we will take the liberty of sending your itemised receipt to Medicare on your behalf and you will receive your rebate into your nominated bank account. Should you not wish for this to occur, please let us know prior to your surgery date. If we encounter any difficulties with submitting your claim to Medicare, you will receive an itemised receipt and it is your responsibility to take your copy of the itemised receipt to Medicare for your rebate. The surgeon's quote (below) is an estimate only. For the majority, these item numbers can be predicted accurately prior to surgery. It is possible that the item numbers will alter once surgery has commenced due to unforeseen circumstances. You will be informed of these changes and any associated costs after your surgery.

Item No	Description	Fee	Rebate
42702	Lens extraction and insertion of artificial lens, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye (Anaes.)	\$1,715.00	\$649.90

Total Fee: \$1,715.00
Estimated Rebate: \$649.90
Out of Pocket Cost: \$1,065.10

2) Anaesthetist : Dr Richard CHIN (Ph: 03 9419 4277)

This account is billed by the anaesthetist and is claimable on Medicare. You will likely receive a preoperative quote from the anaesthetists rooms prior to your surgery outlining any out of pocket cost.

3i) Hospital : Victoria Parade Surgery Centre (Ph: 03 9650 4000) ~ \$1670 + the cost of your lens (~\$250-\$500)

You will be required to pay the specified amount informed by the hospital on the day of admission to the hospital.

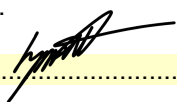
ii) Prosthesis : Standard Lens and Visco-Elastic

Prostheses will be billed by the hospital and may be additional to your hospital cost listed above. Should you require a toric/IC-8 lens, an additional cost of \$590 will be billed by the hospital on the day of your admission. Your surgeon will have already informed you as to whether a toric lens is required.

You may also receive accounts for other services such as pharmacy and/or pathology.

Declaration by Patient/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 private health insurance fund the level of cover that I have and, thus, any amount outstanding will be my responsibility to pay. I further acknowledge that I have been informed of the possible cost of any prosthetic device that may be required. 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 that if my accounts remain unpaid and legal action needs to be taken, that I am also responsible for the fees incurred to collect this debt. I acknowledge that all charges received from a debt collector will be passed onto me, the patient.

Print Name: Bryan Botterill **Signature:**  **Date:** 03/11/2024