

Informed Financial Consent for Obstetric Services

This document contains information about the cost of your pregnancy care with Dr Liza Fowler and the team at Wellbeing of Women Centre. We undertake to provide you with professional healthcare throughout your pregnancy, birth, and postpartum period to ensure the best possible outcome for you and your baby.

The fees you pay enables us to provide you with the following:

- Access to our covering team of SJOG Accredited Specialist Obstetricians in the event Dr Fowler is unavailable for inpatient services.
- 24 hours a day Obstetric cover at SJOG Murdoch Hospital from your booking to your post-delivery visit.
- Access to a dedicated Registered Midwife for all your antenatal appts and constant management of your pregnancy i.e. Care plans, results etc.
- Contributes to a very large indemnity fee compulsory for all Obstetric practices.

For inpatient services, I am a NO GAP provider with no out of pocket expense for my services within hospital.

Services provided externally by for example the Anaesthetist, the Paediatrician, Pathology (Blood tests), Radiology (Ultrasounds) may incur a GAP payment / Out of pocket cost.

Please note it is the patient's responsibility to check they have the suitable level of coverage with their Health Fund. Please make sure to register for Medicare Safety Net to take full advantage of their rebates.

<u>Fees in table below are for Outpatient services</u> provided in our office that are eligible for a Medicare rebate only. N.B Payment at the end of each consultation is expected and appreciated. Fees are non-refundable and subject to change without notice – please ask reception *if you have any questions relating to the fee schedule.*

MBS code	Service	Appointment Schedule	Fee	Rebate (Medicare)
16500	Early Obstetric appt for NIPT	8-10 weeks gestation	230	43.95
16401	New Obstetrics – Booking in appt	16 week gestation	370	79.65
16500	Follow up antenatal (per visit)	20, 24, 32, 34, 36, 38, 39, 40wk gestation	130	43.95
16590	Pregnancy Management fee – description above in bold text. This fee is not related to your delivery	28 week gestation	2500	347.05
16500	VBAC/TOLAC Counselling appt (VBAC/TOLAC pts only)	26 week gestation	350	43.95
	Delivery Charged to Private He	alth Fund as we are NO GAP Providers for c	lelivery	
16407	6w Post-partum check & screen		155	66.80
	Other	Fees – charged if required		
16514	CTG	As required	90	34.15
16500	Follow up antenatal (long consult over 40mins)	As required	220	43.95
	Midwife Consult (If only seeing Midwife/ as required)	As required	65	No-Rebate
16406	New Obstetrics (Referred by private midwife)	As required	370	124.75
	Breast Expression Kit	As required	20	No-Rebate
	Script Refills	As required	20	No-Rebate

Ihave read the above information regarding my pregnancy care and I understand the fee structure and that payments are my responsibility.

Patient's Signature: Date:.....

Consent to collect and disclose patient information:

We require your consent to collect personal information about you, please read the information in this consent form carefully. This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. This means we will use the information you provide in the following ways and in accordance with the Privacy Act 1988:

1. Administrative purposes and quality assurance in running our medical practice.

- 2. Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- 3. Disclosure to others involved in your health care,
 - 1) Including treating doctors and specialists outside this medical practice. (This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals).
 - 2) Where State or Federal Law requires i.e. notifiable diseases
 - 3) Our practice doctor's medical indemnity organization if obligated to do so.

Please sign where indicated below that you have acknowledged the following statements:

I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a privacy policy on handling patient information which can be found on the Wellbeing of Women website or upon request.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure of which I may notify this practice.

Do you consent to having medical results that have been requested by this practice sent to you via the following formats?

	Phone/sms	Email	Mail	(Please Tick)	
Name:	Signature:				Date:

TRANSVAGINAL ULTRASOUND CONSENT

Trans vaginal ultrasound is an examination of the female pelvis and urogenital tract (kidneys and bladder). It takes approximately 15 minutes to perform. It helps to see if there is any abnormality in your uterus, cervix, endometrium (lining of the uterus), fallopian tubes, ovaries, bladder and pelvic cavity. It differs from the abdominal ultrasound as it looks at the pelvic organs from inside the vagina. It is done if you have symptoms of pelvic pain, abnormal bleeding, fibroids, polyps, ovarian cysts or tumours, infertility or assessment of early pregnancy. There are no known risks with performing a trans vaginal ultrasound. It is a technique that uses sound waves to obtain pictures and there is no radiation used.

The Specialist may like to perform a trans vaginal ultrasound in her rooms at your visit to aid the diagnosis / treatment plan.

Do you consent to having a trans vaginal ultrasound? Yes No (Please Tick)

Name:	Signature:	Date: