



## Dr Ken Tan

BSc, MBBS, FRANZCOG, M RepMED, MTM, DDU  
Obstetrician, Gynaecologist and Sonologist  
Provider No: 276222KF

Suite B8, Canberra Specialist Centre  
161 Strickland Crescent  
DEAKIN ACT 2600

Phone: 02 6260 5822

Fax: 02 6260 3911

### Fees for Antenatal Care and Delivery as a Private Patient

Patient Name: \_\_\_\_\_ First Appointment: \_\_\_\_\_

This document outlines the fees that will apply to your antenatal care, labour and delivery. The total cost will vary depending on the number of antenatal visits, the type of delivery, and whether or not you are privately insured. There are fees for your first visit, antenatal visits, your delivery and post-natal care, ultrasounds and other procedures. These fees are a reflection of the professional services provided to you by Dr Tan, the costs of running a practice and the high cost of Medical Indemnity Insurance.

**PLEASE NOTE: SCRIPTS WILL ONLY BE GIVEN AT CONSULTATIONS.**

#### First Visit and Antenatal Visits

Your first visit will be a long consultation (item 16401). You would usually expect to have around 17 additional antenatal visits (item 16500) with Dr Tan with payment required at each visit. You will also have visits as required with our Midwives at no charge to you. No rebate from your private health fund is applicable for visits in the doctor's surgery; however the Medicare Safety Net will result in you receiving some rebates in addition to the standard Medicare rebate once you have reached your threshold in a calendar year.

Description	Item No.	Fee
<b>Initial Consultation – 45 mins</b>	<b>16401</b>	<b>\$230.00</b>
<b>Pre-pregnancy counselling</b>	<b>104</b>	<b>\$300.00</b>
<b>Antenatal visit – 30mins</b>	<b>16500</b>	<b>\$150.00</b>
<b>Extended or High Risk Antenatal visit – 60mins</b>	<b>16500</b>	<b>\$175.00</b>
<b>Ultrasounds – 30-45mins for continuing Antenatal patients</b>	<b>55700, 55704, 55706, 55712 etc</b>	<b>Billed at the MBS85 Rate</b>
<b>Planning and Management Fee</b>	<b>16590</b>	<b>\$4,000.00</b>
Payment due after 20 weeks and before 28 weeks PLEASE NOTE: A non-refundable deposit of \$500.00 will be payable at 16 weeks, which will come off the total cost of the management fee of \$4,000.00		
<b>Labour and delivery – Privately Insured</b>	<b>Billed directly to your health fund</b>	
<b>Labour and delivery – No Private Cover</b>	<b>16519 or 16522</b>	<b>\$1,700.00 - \$2,100.00</b>
<b>Labour and delivery – Embassy &amp; Defence</b>	<b>16519 or 16522-AMA Rates apply</b>	<b>\$2,895.00-\$4,090.00</b>
<b>In Home visits with a midwife - 1 @ 36 weeks, x 4 post-natal</b>	<b>For residence of ACT</b>	<b>No charge</b>
<b>Postnatal Visit with Dr Tan (6 week) – 30mins</b>	<b>105</b>	<b>\$175.00</b>

Additional charges will apply for further investigative ultrasounds or any other procedures that are performed during pregnancy.

If you are **admitted to hospital** as a private patient during your pregnancy, your health fund will be billed. An amount equivalent to the Australian Medical Association (AMA) fee will be charged if you do not have private hospital insurance. If you are not formally admitted to the hospital on the day of any visits or procedures done by the doctor you will be charged the AMA fee.

#### Planning and Management Fee

Commencing 6 September 2004, the Medicare introduced a new item number, 16590, for the "Planning and Management of Pregnancy". The fee for this item is \$4,000.00. This will be charged after the 16week appointment and needs to be paid by 28 weeks gestation.

#### Delivery and Post-Natal Care

If you are privately insured, the fee for your delivery and confinement will be billed to your health fund. If you are uninsured you will be charged directly.

**\*\*Please note that Dr Tan delivers private patients in a private hospital and private patients in a public hospital, but does not have public admitting rights and therefore does not deliver public patients\*\***

**To Insured and Uninsured patients, please note: If you require an operative delivery such as a Caesarean section, you should also expect to receive accounts from:**

• **The Anaesthetist** • **My Surgical Assistant** • **and a Paediatrician**

Please sign below to indicate that you have read and accept the charges outlined above, understanding that they are subject to change without notice. A copy will be placed on your file for reference.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date