

Dr Ken Tan

Dr Meiri Robertson

Dr Roberto Orefice

Suite B8, Canberra Specialist Centre 161 Strickland Crescent DEAKIN ACT 2600 Phone: 02 6260 5822 Fax: 02 6260 3911

Information and Fees for Private Consultation

	Patient Name:					
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This document outlines the fees that will apply to your appointments within these rooms. There are fees for your first visit, subsequent visits, ultrasounds and any other procedures. These fees are a reflection of the professional services provided to you by Dr Tan, Dr Meiri Robertson and Dr Orefice.

Initial Consultation

Your first visit will be a long consultation (Item 104) approximately 45 minutes to 1 hour with payment required at the end of the consultation. 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 an a partial refund of gap charges in addition to the standard Medicare rebate once you have reached your threshold in a calendar year.

PLEASE NOTE: SCRIPTS WILL ONLY BE GIVEN AT CONSULTATIONS.

Listed below is an indication of the possible costs involved that may relate to your consultations with Dr Tan, Dr Robertson and Dr Orefice.

Appointment Type	Item No.	Fee
Initial consultation	104	\$360.00
Subsequent Visit	105	\$180.00
<u>Ultrasounds</u>		
Gynaecology	55065	\$325.00
Obstetric	Varies	\$210 - \$300

Pathology costs

The preferred pathology centre used by our practice is Capital Pathology. Capital Pathology is a privately run laboratory and generate their own invoices. Any pathology requests and/or collections done in our practice are sent to Capital Pathology and will likely incur a fee. If you would prefer to use another pathology centre, you are welcome to take the request form to the laboratory of your choosing.

If you are unable to attend your appointment, or any future appointments, please advise us giving at least 24 hours notice in order to avoid a cancellation fee of \$100.00.

Please sign below to indicate that you have read and accept the charges outlined above. A copy will be placed on your file for reference.

Patient Name	Patient Signature	Date