

Fees for Private Antenatal Care but Delivering as a Public Patient

Patient Name: _____

DOB: _____

This document outlines the fees that will apply to your antenatal care. The total cost will vary depending on the number of antenatal visits. These fees are a reflection of the professional services provided to you by our obstetricians and the high costs of running a private practice.

First Visit and Antenatal Visits

Your first visit will be a long consultation (item 16401). You would usually expect to have around 7 additional antenatal visits (item 16500) with payment required at each visit. Visits in the doctor's surgery will receive a Medicare rebate. You will be able to have visits with the practice midwives throughout your pregnancy at no extra cost to you.

Description	Item No.	Fee
Initial Consultation	16401	\$370.00
Antenatal visit	16500	\$190.00
Extended or High Risk Antenatal visit	16500	\$210.00
Ultrasounds	55700, 55704, 55706, 55718 etc	Billed at the MBS85 Rate
Planning and Management Fee	16591	\$3,250.00
Final balance invoiced and due at 28 weeks PLEASE NOTE: A non-refundable deposit of \$1000.00 will be payable at 16 weeks , which will come off the total cost of the management fee of \$3,250.00		
Postnatal visit with Midwives in practice	Unlimited number of visits	No charge
Postnatal Visit with Dr Tan/Robertson/Orefice (at 6 weeks)	16407	\$220.00
Pelvic ultrasound (if needed)	55065	Billed at the MBS85 Rate

For any invoices that are issued "after-care" (eg. For weekend appointments where payment isn't available on the day, planning and management fee) there is a strict 7 day term. Late fee's will be applicable for outstanding invoices.

NOTE: If you are **admitted to hospital** at any time during your pregnancy, you will be cared for by the public hospital staff only.

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.

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 you file for reference.

Patient Name

Patient Signature

Date