*Dr Samina Ahmed – a familiar face to deliver your baby……*

**Informed Financial Consent and Disclosure Statement**

Congratulations on your pregnancy! The team at Dr Samina Ahmed will care for you and your baby throughout your pregnancy.

# Costs

Below you will find outlined the cost of your antenatal care provided by Dr Samina Ahmed. This includes antenatal appointments, attendance at your delivery (in the delivery suite at St Vincent’s Private Hospital Werribee) and attendance whilst in the postnatal ward of the hospital. *These costs are separate to the fees you must pay the hospital, which is subject to your health insurance cover.*

We strongly recommend that you check your level of cover with your health fund prior to committing to private antenatal care. Generally, fees incurred at antenatal visits and for any other outpatient services outside of hospital are rebated by Medicare. Inpatient hospital fees for your delivery or any other admission during your pregnancy are rebated by your health fund.

If you find that you are not covered by your health fund, you can still choose private antenatal care, but you are then personally liable to pay for the inpatient hospital fees, plus any other additional charges normally covered by your health fund.

In order to claim your Medicare rebate for your antenatal visits you must be covered by a valid referral letter. GP referrals are valid for 12 months and will cover you for your entire pregnancy. If you have been referred by another specialist the referral is only valid for three months and you will therefore need to get a second referral part way through your pregnancy. If you are unsure about your referral status, please contact us.

Under the Medicare Benefit Schedule (MBS) your care during pregnancy, delivery and the postnatal stay is covered by a series of 'item numbers', as outlined below. Please note, if you are admitted to hospital for any problems during your pregnancy then the fees charged by your obstetrician will be completely covered by reimbursement from your private health fund / Medicare.

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| Obstetric Fee Schedule | | | |
| Description | MBS  Item No. | Amount | Medicare Rebate |
| **Initial Antenatal Consultation**  Your first consultation with your obstetrician, at the beginning of your pregnancy (approx 8-12 weeks gestation). Antenatal appointments are not  covered by your health insurance, only Medicare. | **16401** | **$200.00** | **$73.85** |
| **Subsequent Antenatal Visit**  The antenatal appointments with your obstetrician throughout the duration of your pregnancy, before you go into labour. An account will be issued for | **16500** | **$110.00**  per visit | **$40.10** |

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| each visit (approximately 12 visits in total) and must be paid on the day of consultation. Antenatal appointments are not covered by your health insurance, only Medicare. N.B. Any ultrasounds performed by us within the scope of your antenatal appointments will be billed at the  Medicare Schedule Fee**.** |  |  |  |
| **Obstetrician Management Fee (28 Weeks)** As well as the planning of your pregnancy and labour management there is a need for your  obstetrician to provide medical cover 24 hours a day because of the unpredictability of pregnancy and the possible need to access obstetric care and medical services at any time. This fee is payable once you start your obstetric care irrespective of your decision to discontinue care at any time during your pregnancy. We will invoice you for this item after your 28-week visit. You must pay this within two weeks of invoicing, at latest by 32  weeks | **16590** | **$3000.00** | **$536.10** |
| **Obstetrician Management Fee for patients without Health insurance (28 Weeks)**  As well as the planning of your pregnancy and labour management there is a need for your obstetrician to provide medical cover 24 hours a day because of the unpredictability of pregnancy and the possible need to access obstetric care and medical services at any time. This fee is payable once you start your obstetric care irrespective of your decision to discontinue care at any time during your pregnancy. We will invoice you for this item after your 28-week visit. You must pay this within two weeks of invoicing, at latest by 32  weeks | **16590** | **$5000.00** | **$536.10** |
| **Postnatal Visit (1-4 Weeks)** | **16407** | **No Fee** | **N/A** |
| **Postnatal Visit (4-8 Weeks)** | **16408** | **No Fee** | **N/A** |
| **Unnotified Cancellation Fee (24 Hours)** |  | **$50.00** |  |
| **Delivery Charges Item numbers 16519, 16520, 16522** | Covered through your Private Health Fund | | |

# Financial

I understand that payment of the account, in full, is my responsibility and that my health fund might not cover the total amount invoiced. I am responsible for any other costs that might be incurred resulting from my not paying my account in full, by the due date

# Group Practice

While Dr Samina will make every effort to be at the birth of your child, this is not always possible. In that event that she is undertaking a planned surgical procedure, attending a conference for continued professional development or on leave, her practice is covered by a group of highly trained obstetricians who will step in seamlessly to deliver your baby.

# Your Privacy

All private medical practitioners are required to comply with the National Privacy Act. Consequently, your consent is required to collect personal information about you. Please read this information carefully and sign where indicated at the end of this document.

The provision of quality health care is Dr Ahmed’s primary concern. This requires a doctor - patient relationship of trust and confidentiality. A patient’s personal information is handled in accordance with this practice’s privacy policy and consistent with privacy legislation. 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. A failure to provide accurate information may compromise the quality of the health care provided. We will use the information you provide in the following ways:

* Administrative purposes in running this medical practice
* Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
* Disclosure to others involved in your health care, including referring doctors, (your GP) and other treating doctors, specialists, or allied health professionals (e.g. physiotherapists) outside this medical practice
* To access past and future pathology results and medical imaging reports
* So Dr Ahmed can access and upload to your PCEHR (Patient Controlled Electronic Health Record)

It is Dr Samina Ahmed’s practice and desire to discuss the nature of a patient’s treatment and test results openly and honestly with the patient. Should you require that they also discuss such information with a close relative or friend, you should inform Dr Ahmed of such details. Likewise, if there are details you would prefer kept confidential between you and Dr Ahmed and not shared with your partner or next of kin please inform Dr Ahmed.

**Photography Consent**

Occasionally, Dr Samina might want to take a photo of you and / or your baby for promotional use and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my name and/or my child’s name

By signing and dating this document I authorize Dr Samina Ahmed to edit, alter, share, remix, tweak, build upon or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my child’s image(s) and name(s) for the personal or commercial purposes outlined above.

# Your Acknowledgment

* + I have read and understood the above Fee Disclosure regarding the cost of antenatal care at with Dr Samina Ahmed and in undertaking private Antenatal Care with Dr Samina Ahmed, I agree to pay to the fees stated above.
  + I understand that in signing this Fee Disclosure I am agreeing to pay for fees invoiced by Dr Samina Ahmed.
  + I understand that any fees quoted for external providers and/or services are approximate only and are not binding in this agreement.
  + I understand that my acknowledgement of the above will be recorded in my Electronic Health Record.
  + I acknowledge and accept the photography consent

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Print First Name Print Last Name DOB

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Your Signature Today’s date