Orthopaedics Queensland

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ACKNOWLEDGEMENT OF FINANCIAL CONSENT

Surgeon: _____

Patient's Name: _____

Quote No: _____

Acknowledgement

- I acknowledge receipt of the estimate of costs and have reviewed and understood it.
- I understand this quote is an estimate only and may be subject to variation.
- I acknowledge that it is my responsibility to confirm my level of cover with my health insurance fund and that I will be responsible for payment of any amount not covered.
- I have been advised that other health professionals may be involved in my treatment, and I understand that this estimate does not include their fees or charges unless specifically stated otherwise.
- I acknowledge that, if applicable, any financial interests in products, premises or services recommended to me have been disclosed.
- I understand that this form is neither a consent to, nor a request for, surgical treatment.

Patient's / Guardian's Signature: _____ **Date:** _____