Greenslopes Babies
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IN-HOSPITAL PAEDIATRIC CARE – UNINSURED PATIENTS

Payment for Paediatric services is to be settled **BEFORE** your hospital admission.

Paediatrician Fee Advice - 1st May 2024

Payment due by 32 weeks of pregnancy

ESTIMATE OF MEDICAL FEES

The following in-hospital paediatric services are a requirement of Greenslopes Private Hospital.

Initial attendance at delivery or initial assessment of baby: A paediatrician will review your baby either at delivery OR following birth. All complex deliveries including Caesarean sections will require a paediatrician to be present at the delivery.

Discharge check: All babies will be reviewed by a Paediatrician before discharge to ensure they are safe to go home. This will include a review of the chart, a physical examination, and a discharge plan.

If unforeseen circumstances should arise for your baby during your admission, it may be necessary to arrange additional medical services. If this happens there may be additional costs to you that are not covered by this estimate such as daily review checks that will be performed if requested. For example, requested by a parent, nursing or medical staff, OR if your baby is admitted to the Special Care Nursery.

***Please see Registration Form for In-Hospital Paediatric Care for a breakdown of fees, additional costs.**

Please note that this is an estimate only of the fees charged for this service. It does not cover services provided by other doctors, such as anaesthetists, radiologists or pathologists, or other costs associated with your stay in the hospital, such as accommodation, pharmacy, or physiotherapy.

- Additional fees will be incurred should your baby require admission to the Special Care Nursery.

IN-HOSPITAL PAEDIATRIC CARE – UNINSURED PATIENTS
Informed Financial Consent Form

1. Please sign the below and complete the attached Patient Registration Form and return to: info@greenslopesbabies.au

2. *__A prepayment of $985.00 is required for Paediatric services during delivery__ (note: this excludes any Special Care Nursery Paediatric services or additional attendance by the paediatrician).

   Payment can be made in the following ways:

   Direct Deposit
   Greenslopes Babies
   BSB: 484-799
   ACC NO: 165799856
   Ref: your name
   Please email remittance of payment: info@greenslopesbabies.au

   Pay via **credit card** (this will incur the applicable Tyro merchant fee) **Call** Greenslopes Babies 07 3522 2723 to make payment.

   Pay via **EFTPOS** at your next appointment with your obstetrician (this will incur the applicable Tyro merchant fee)

For multiple births, a prepayment is required for each expected baby

DECLARATION BY PATIENT OR GUARDIAN:

I understand that this is an estimate only and may be subject to variation. I acknowledge that it is my responsibility to confirm with my health insurance fund the level of cover that I have and any amount that I will be responsible to pay. I further acknowledge that I have been informed of the possible cost of any extra reviews that may be required during the hospital stay. 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 authorise Greenslopes Babies to lodge bulk bill claims with Medicare and health fund claims relating to medical services and extra attendances by the Paediatrician.

Due to the Federal Privacy Act (2001), Greenslopes Babies requires your consent to collect personal information about you. Please read this information carefully and sign where indicated below.

This practice collects information from you for the primary purpose of:

- Administrative purposes in running our practice. This will include third party providers involved in your care whilst an inpatient.
- Billing purposes, including compliance with medical and health insurance commission requirements.

Patient or guardian's signature		**Date**	
Guardian's full name			

Please email remittance to info@greenslopesbabies.au with the completed and signed form. A refund will be offered if you do not require the services of a paediatrician or neonatologist, including in the tragic event of a miscarriage.

REGISTRATION FORM FOR IN-HOSPITAL PAEDIATRIC CARE

Married name:		**Given names:**
Maiden name:		**Mother's date of birth:**
E-mail:	**Mothers Medicare #**	**Ref: Exp:**
Address:		**Suburb/City:**
State:	**Postcode:**	**Phone:**
Obstetricians name:		**Estimated due date:**

*Claimable fees where the baby is Registered and Medicare eligible:

MBS Item No	Description	Fee	Medicare benefit
110	*Initial attendance at delivery or initial assessment of baby	$535.00	$143.35
116	*Discharge check	$250.00	$71.70
116	other check	$200.00	$71.70

Where your baby/s is/ are not registered with Medicare, all extra attendances by the Paediatrician will be invoiced directly to the patient.

Special Care Nursery After Hours Fees:

Midnight – 6am	Additional $240
6pm – midnight	Additional $120

Other Services: There may be a need for other services to be provided including BUT NOT LIMITED TO:

Type of Service	MBS Item No	Uninsured patients
Special Care Nursery^	116	$120
Tongue Tie	30278	Fee: $150, Medicare Benefit: $43.50, Estimate patient gap: $106.50
IV/Cannula	13300	Fee: $53.30, Medicare Benefit: $53.30 Estimated patient gap: $0

^All Paediatric services in special care nursey will be invoiced directly to the patient.

Please return completed form to:
info@greenslopesbabies.au