

Dr Miriam Gadney

Location: A Hospital
Fax: 0711111111
Provider No: 2107502J

QUALIFICATION 1
QUALIFICATION 2

Ourtown Medical Centre
1 Street St
BRISBANE QLD 4000

Mr Maurice Alwin
60 Gustaf Dr
GLENTHOMPSON VIC 3293

Account No: 1
Fee Estimate: 00616
Transacted: 25-05-2018 14:42

FEE ESTIMATE

Printed: 25-05-2018 14:42

Item#	Desc	Cost	Medicare Benefit	STS Benefit	Gap
*42725	In-Hospital vitrectomy via pars plana sclerotomies including the removal of vitreous, division of bands or removal (Assist.)	\$3,000.00	\$1,003.85	\$1,696.15	\$300.00
*42773	In-Hospital detached retina, pneumatic retinopexy for, not being a service associated with a service to which item 42776 applies (Assist.)	\$1,000.00	\$338.37	\$361.62	\$300.01
*42809	In-Hospital Retina, photocoagulation of, not being a service associated with photodynamic therapy with verteporfin (Assist.)	\$275.00	\$84.59	\$127.91	\$62.50
*42740	In-Hospital Intravitreal injection of therapeutic substances, or the removal of vitreous humour for diagnostic purposes, 1 or more of, as a procedure associated with other intraocular surgery.	\$212.50	\$56.40	\$61.10	\$95.00

	Cost	Gap
Total	\$4,487.50	\$757.51

I have discussed the estimate of services/procedures with my provider. I understand that they are subject to variation and I must pay the charges incurred. I am aware that I do not have to proceed even if I sign.

Patient/Guardian to sign & date:

Patient: **Mr Maurice Alwin**
Patient Address: **60 Gustaf Dr GLENTHOMPSON VIC 3293**
Identifiers: **P/N: 1 F/N: 123456789012**
Med/DVA: **39500982621**
Fund: **STS 12345678**
DOB: **1933-09-20**

Referrer: **Dr Vivian Mortier**
Referrer Provider No: **2121331W**
Referral Date: **01-04-2018**
Referral Period: **3 Months**

This quote cannot be used for claiming purposes and should be used as a guide only.