Medicare Ineligible Patients

Data Collection Form

Affix Patient Label

You have been classified as a Medicare Ineligible patient. Therefore, you are not eligible for free healthcare in Australia. You will be required to pay all fees associated with your treatment. If you have Private Health Insurance, Travel Insurance or other insurance you may be able to claim back a percentage of the costs. We would recommend you confirm this with your insurer.

Acknowledgment of Fees

By signing this document, I, _____, confirm I have been advised that I am a Medicare Ineligible patient and I accept responsibility for all fees associated with my treatment at this Metro North Hospital and Health Service facility. In making this declaration, I acknowledge I have read and understood the information contained in this document.

I understand that:

- I authorise Metro North Hospital and Health Service to deduct the amount set out under the Fee Estimate provided on page 2 using the credit card details I have provided.
- The Fee Estimate provided on page 2 is an approximate indication only of the costs I may incur during my treatment and actual figures may vary and further costs may be incurred.
- If I have elected to receive treatment as a private patient, further costs may be incurred at the discretion of the private Specialist and I should confirm this with my Specialist.
- This information does not include private Visiting Medical Officer fees if they are performing Surgery or Anaesthetics, as these charges are raised externally to the admitting facility. I will be invoiced separately for these fees.
- All costs associated with my treatment not paid prior to treatment, including those which exceed the Fee Estimate, will be invoiced to me and must be paid within 30 days of the invoice date. If I fail to pay during this time, outstanding monies will be a debt due and owing to Metro North Hospital and Health Service which reserves its rights to recover this debt from me, either directly or through a debt collection agency.
- It is particularly difficult to estimate costs for Diagnostic Imaging, Pathology, and Pharmaceuticals prior to my treatment and it is likely that if these services are required, the actual costs of my treatment will exceed the Fee Estimate provided. I pre-authorise an additional sum of up to $1000 to be deducted from my credit card for Other Outpatient Fees in the event I require Diagnostic Imaging, Pathology, or Pharmaceuticals during my admission and/or treatment. I understand I will only be charged the actual costs incurred, up to this maximum sum. I will be invoiced separately for any Other Outpatient Fees which exceed $1000.
- If Metro North Hospital and Health Service has agreed to liaise directly with my private health fund or other insurer on my behalf, I authorise Metro North Hospital and Health Service to supply the insurer or private health fund with all of my personal and medical information, including Hospital Casemix Protocol information and medical history, to my private health fund or insurer as may be required.
- I may be required to provide additional information to assess my eligibility for free health care in Australia, e.g. passport, visa or other proof of identity. I consent for Metro North Hospital and Health Service to use the personal information I provide for the purpose of assessing my eligibility for service, which may include submission of all of my personal information to the Department of Immigration and Border Protection in the event confirmation of my visa status is required.
- Providing false or misleading information is considered fraudulent and steps may be taken to inform the appropriate authorities.

Patient / Parent / Representative (please circle)	Staff Witness
_____	_____
Name (print)	*Name (print)*
_____	_____
Signature	*Signature*
____/____/____	____/____/____
Date	*Date*

Queensland Government