

# Warfarin Care Clinic

# Fee Acceptance Form

Thank you for considering the QML Pathology Warfarin Clinic in managing your INR and Warfarin doses. The Warfarin Care Clinic is not funded by Medicare or any other funding source, and for QML Pathology to continue to provide this service, new and re-registering patients will be required to pay a **non-refundable fee at the time of registration**.

An **annual fee** will be charged and currently billed on the 1st of each November. Those registered during the months of July to October may be exempt of the annual fee for November of the same calendar year.

Please read the following details regarding costs.

Are you over the age of 65 or under the age of 18? Yes/No

Do you hold any of the following cards? Yes/No

Pension / Health Care / Commonwealth Seniors Card / DVA Card (please circle)

Name on card: \_\_\_\_\_ Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

*If DVA Gold Card or White Card with an accepted condition requiring the administration of Warfarin, please supply details in order for QML Pathology to bill the DVA directly on your behalf.*

If you answered YES: you will be Concessional. Otherwise, you will incur the Private Fee.

WARFARIN FEES	Initial Registration Fee	Annual Fee – November
Private Fee	\$289	\$137
Concessional Fee	\$147	\$68

**If you wish to continue, complete this form and sign for acceptance.**

Patient last name: \_\_\_\_\_

First name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I \_\_\_\_\_ understand the costs for the Warfarin management service as explained above. I understand I will be contacted by the Warfarin Clinic within 24 hours to process the payment of the Initial Registration fees. If I continue to use the Warfarin management service, I will be invoiced an Annual fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Once signed return this form to the Warfarin Clinic along with the Registration documents completed by your doctor. We will contact you to process payment of Initial Registration fees.

Please keep a copy of this form for your records.

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## OFFICE USE - Pre-Payment of Warfarin Registration Fees

QML Reference number: \_\_\_\_\_

Payment received for Warfarin Registration fees:  Private \$289  Concessional \$147

**RECEIPT NUMBER:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_