



In-Hospital Procedures

(for privately insured patients)

Name: _____

DOB: ____ / ____ / ____

Fund Name: _____

Membership No.: _____

Procedure

Item Numbers

Billing: Dr Kothari will charge the health fund rate only, this means there will be **no gap**. For your convenience, we will charge your health fund directly. If, however, we encounter any issues in this regard, we will invoice you and request that you pay us in full. You will then need to claim the rebate your health fund and Medicare personally.

Please be aware that there may be an assistant surgeon, they will also deal with your health fund directly.

Anaesthetist: Please contact *Anaesthetic Services Wollongong* on Ph (02) 4228 5055 and quote the above item numbers.

They will advise you of the anaesthetist’s fee for the procedure.

Hospital: Please complete the admission forms and either:

Wollongong Private Hospital

- Take them to the main reception in person,
- Post them (PO Box 243, Figtree NSW 2525), or
- Book online by completing the **online admission form** at www.wollongongprivate.com.au under the “for patients” section.

Shellharbour Private Hospital

- Take them to the main reception in person,
- Post them (PO Box 431, Shellharbour City Centre NSW 2528), or
- You are welcome to email them through on info@shellharbourprivate.com.au however you **must** bring the **original form** with you on the **day of admission**.

Date of Procedure: _____

Patient Signature: _____

Date: ____ / ____ / ____