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**AlfredHealth**

## **Billing of Tests Non-Refundable by Medicare**

The pathology request that you have been given by your medical practitioner includes a test (**faecal calprotectin**) which is not covered by Medicare and the full cost of testing must be covered by the patient.

Alfred Pathology Service requires your consent to proceed with this testing with the full understanding that you will accept responsibility for payment. The cost of the investigation your doctor has requested is **A\$66.00** This test will be carried out by Monash Pathology Department and they will bill you directly for this test.

If you agree to accept responsibility for payment and therefore wish to proceed with the testing, please complete the fields below which will be forwarded to Monash along with your specimen:

I, \_\_\_\_\_ hereby agree to accept responsibility for full payment of the faecal calprotectin test referred by Alfred Pathology Service to Monash Pathology Department

Patient/Parent Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_

For further information concerning this test, please contact the Alfred Pathology Service on the number shown above.

