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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 (**Lipoprotein (a)**) 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\$30.00** This test will be carried out by St Vincents 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 St Vincents Pathology along with your specimen:

I, _____ hereby agree to accept responsibility for full payment of the Lipoprotein (a) test referred by Alfred Pathology Service to St Vincents Pathology Department

Patient/Parent Signature _____

Date ___/___/_____

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

