

NSW Biochemical Genetics Service
Tel +61 2 9845 3122
Fax +61 2 9845 3121

Corner Hawkesbury Road
and Hainsworth Street
Locked Bag 4001
Westmead NSW 2145
Sydney Australia
DX 8213 Parramatta
Tel +61 2 9845 0000
Fax +61 2 9845 3489
www.chw.edu.au
ABN 53 188 579 090

Billing of Tests Non-Refundable by Medicare

The pathology request that you have been given by your medical practitioner includes tests which are not covered by Medicare and the full cost of testing must be covered by the patient or, in the case of children, their family, unless the patient is an inpatient in a public hospital.

NSW Biochemical Genetics 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\$300.00.....

If you agree to accept responsibility for payment and therefore wish to proceed with the testing, please complete the form below which will be forwarded to NSW Biochemical Genetics along with your specimen.

I, _____, hereby agree to accept responsibility for full payment of tests referred to NSW Biochemical Genetics Service which do not attract a Medicare rebate.

Patient/ Parent Signature _____
Date __/__/____

For further information, please contact NSW Biochemical Genetics Service on the number shown above.