

**NSW Biochemical Genetics Service**

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## **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.

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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.