

Private Health Insurance for Cardiac Surgery Patients

Once completed, please return this slip to the Cardiac Surgery Department in the reply paid envelope provided.

to use this for my child's heart surgery. I

Yes, I have private health insurance and would like

| | understand that there will be NO out of pocket costs associated with electing to use my private health insurance. |
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| | If using your private health cover, you may have an option to choose a Cardiac Surgeon for your child's procedure. Please contact the cardiac surgery office on 03) 9345 5200 and we will endeavour to accommodate your request. |
| | Yes, I have private health insurance, but do not wish to use it. |
| | No, I do not have private health insurance. |
| F | Patient Details: First Name: Furname: F |
| | Name of Health Fund: Policy Number: |
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