

**SCHEDULE OF FEES FOR DR SHAVI FERNANDO**  
**OVERSEAS VISITORS WITH INSURANCE**

ITEM NO	DESCRIPTION	AMOUNT PAYABLE	MEDICARE REBATE
16401	Initial Consultation	\$165.00	<b>\$72.75</b>
55703	Ultrasound < 12 weeks	+ \$35.00	<b>\$29.75</b>
16500	Antenatal Consultations (approx. 10-15 visits)	\$90.00	<b>\$40.10</b>
55723 or 55725	Ultrasound at approximately 36 weeks gestation	\$35.00 \$35.00	<b>\$32.30</b> <b>34.00</b>
<b>16500</b>	<b>PREGNANCY MANAGEMENT FEE</b> (invoiced and payable at 20 weeks gestation)	<b>\$2,000.00</b>	<b>Variable</b>
<b>16590</b>	<b>PREGNANCY MANAGEMENT FEE</b> (invoiced and payable at 28 weeks gestation)	<b>\$2,000.00</b>	<b>Variable</b>
<p><b><u>PLEASE NOTE:</u></b> The above Pregnancy Management Fee has been split into two payments for your convenience. This includes 24 hr, 7 day specialist management of obstetric complications, phone support through the paging service and attendance at hospital if required.</p> <p><b>FEES MUST BE PAID IN FULL WHEN INVOICED AT 20 &amp; 28 WEEKS GESTATION.</b></p>			
16407	Postnatal Check-Up (6 weeks post-delivery)	\$90.00	<b>\$60.95</b>
16519 or 16522	Delivery Fee Payable by your Health Insurance		<b>Insurance</b>

**INPATIENT SERVICES**

Please check with your private health fund immediately to ensure they adequately cover the cost of your admission to the hospital of your choice.

**PAEDIATRICIAN / ANAESTHETIST / ASSISTANT**

It is a requirement of the hospital that a Paediatrician be present at your delivery if you require/request a caesarean section. However, our Obstetricians recommend **ALL BABIES** be seen by a Paediatrician during their stay in hospital even when all appears to be well. You have chosen a Specialist Obstetrician to care for yourself during pregnancy, and a Specialist Paediatrician can bring that same level of experience and expertise to caring for your baby. They will usually charge an out of pocket cost for delivery and/or review. There may also be fees for the Anaesthetist (depending on the hospital) and the Assistant Surgeon.

**Charges for Pathology and Ultrasound are also extra and will incur further out of pocket costs**

**PATIENT CONSENT**

I have read and agree to the above fees and charges associated with my pregnancy. **I am aware that the Pregnancy Management Fees must be paid in full when invoiced at 20 and 28 weeks gestation**, and that the above fees do not include charges for ultrasound, anaesthesia, paediatric care or pathology.

Name:

DOB:

Signed: \_\_\_\_\_

Dated: