



**DIAGNOSTIC AND INTERVENTIONAL ENDOSCOPY • ERCP • CAPSULE ENDOSCOPY • ACNES**

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**INFORMED FINANCIAL CONSENT**  
**CAIRNS GASTROENTEROLOGY**

**Billing Policy for Private Endoscopy Patients**

Your out-of-pocket (OOP) fee covers the following:

- **x2 consultations (applicable to Medicare card holders only)**
- **Your procedure (i.e., colonoscopy, gastroscopy, colonoscopy & gastroscopy, etc.)**
- **Anaesthetist fee for your procedure (you will not receive any further invoices from the anaesthetist if you have appropriated private health insurance)**

\*Please note any subsequent consultations will incur an additional charge. Consultations fees depend on the complexity and length of consultation.

Endoscopy patients *may* receive up to 4 accounts as outlined below:

<p><b>1. Specialist Fee:</b> <b>Billed directly by Cairns Gastroenterology</b></p>	<p>Patients <b>WITH</b> appropriate health fund cover may have out-of-pocket fees after their health fund contribution. Such fees will need to be paid at your convenience at least two (2) weeks prior to the procedure.</p> <p>Patients <b>WITHOUT</b> health fund cover <b>MAY</b> be eligible to claim a rebate from Medicare. If you are eligible, you will be out-of-pocket the difference between the specialist fee and your rebate. The entire specialist fee will need to be paid at your convenience at least two (2) weeks prior to the procedure.</p> <p><u>An extra out of pocket fee will apply after your procedure for the removal of polyps, Haemorrhoid Banding or Dilatation, and an invoice will be sent to you. This amount is claimable for a Medicare rebate once you have paid and received an itemized receipt from Cairns Gastroenterology.</u></p> <p><u>For all patients (insured &amp; uninsured):</u> For ALL patients the OOP fee will include a \$50 administration fee which is <b>NON-REFUNDABLE</b> should you cancel your procedure.</p> <p>To avoid any additional, unexpected out-of-pocket fees, please check with your fund to confirm that you will be covered for your procedure. Commonly used item numbers: Colonoscopy 32222, Gastroscopy 30473, Flexible Sigmoidoscopy 32084.</p> <p>If you are no longer in a government funded scheme (such as DVA/Defence) you are responsible for the full private fees. If you are unable to attend or need to reschedule your procedure, please advise our Medical Receptionist</p>
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	<p>NO later than 7 business days prior to your appointment.</p> <p>If we are required to reschedule or cancel your appointment on THREE separate occasions, there will be an additional \$50 administration fee applied.</p> <p>Please note when making payment if no reference to your invoice number or surname is listed in your bank transfer, we will not be able to trace and confirm your deposit which may result in your procedure being cancelled.</p>
<p><b>2. Anaesthetist Fee: Billed directly by East Coast Anaesthetic Practice</b></p>	<p>Patients <b>WITH</b> appropriate hospital health fund membership will enjoy a <b>NO-GAP</b> experience. No further OOP will be charged for anaesthetic services. Please do not call East Coast Anaesthetic Practice.</p> <p>Patients <b>WITHOUT</b> Health Fund cover will be charged a gap fee directly by the anaesthetist and may be eligible to claim a rebate from Medicare after the procedure.</p> <p>We advise <b>all</b> uninsured patients to contact East Coast Anaesthetic Practice on 0483 118 255 to determine if there will be any out-of-pocket fees <b>PRIOR</b> to your procedure.</p>
<p><b>3. Hospital theatre/accommodation fee: Billed directly by hospital.</b></p>	<p>Patients <b>WITH</b> appropriate Hospital health fund membership <b>MAY</b> have to pay an <b>EXCESS</b> or <b>CO-PAYMENT</b> for theatre and accommodation fees depending on their level of hospital cover. Please clarify the exact amount with the appropriate Day Hospital and your health fund.</p> <p>Patients <b>WITHOUT</b> health fund cover should enquire at the appropriate hospital with regards to theatre and accommodation fees as the cost varies depending on the procedure and equipment used.</p>
<p><b>4. Pathology Fee: Billed directly by pathology company.</b></p>	<p>The specialist may take tissue sample(s) which are then sent to a pathology company for examination/histology. There are currently <b>NO OOP</b> (Out of Pocket) expenses for insured AND uninsured patients. *(patients <b>WITHOUT</b> Medicare will receive an invoice directly from the pathology company for their fees)</p>



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**Specific Patient Information (prior to undergoing endoscopic procedures)**

**Gastroscopy**

After a gastroscopy, a patient may:

- Have a numb mouth and tongue for a few hours,
- Feel bloated but this usually passes quite quickly,
- Feel drowsy as a result of sedation,
- Have a sore throat for a few hours,
- Have a tear of the oesophagus, stomach and duodenum occurs very rarely particularly if a biopsy is taken or polyp removed. This may require medication or surgical treatment.
- Have a test for Helicobacter Pylori taken on the day (1 capsule orally, followed by a breath sample) shortly after your gastroscopy.

**Oesophageal dilatation**

After an oesophageal dilatation, a patient may:

- Have as above for gastroscopy
- Have oesophageal perforation whilst rare can occur (rates of 0.1% to 0.4% have been reported)

**Colonoscopy**

- Bowel perforation rarely occurs (rates up 0.72% have been reported). The rate is highest in older patients, patients with unusual anatomy, patients with severe diverticulosis, patients with arterial disease, polyp removal, APC laser treatment and patients with bowel cancer. If this occurred, an operation may be required to repair the hole.
- Post polypectomy bleeding is uncommon and usually self-limiting. Rarely, a repeat colonoscopy may have to be performed to treat persistent bleeding.
- Post procedure discomfort due to air insufflation during procedure. This passes quickly.
- Missed lesions: polyps up to 1cm (miss rates of up to 10% have been reported). Polyps and bowel cancer greater than 1cm in size (miss rates of up to 2.5% have been reported). Please follow all preparation instructions as miss rates increase if bowel prep is poor.
- Incomplete colonoscopy: If there is an unusual bowel anatomy or pathology, it can be impossible to complete the procedure. You may then be referred for a CT colonography or barium enema as a supplementary test.
- Haemorrhoid banding: Varying degrees of discomfort, pain and bleeding can occur and last up to 2 weeks. Most patients settle with simple analgesia. A small number may require antibiotics for mild local infection.



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Important Information

Please contact our office if you have had COVID-19 within the last 5 weeks, as we will need to reschedule your appointment/procedure.

Patients cannot have sedation within 4 weeks of recovery from symptoms and/or a positive COVID-19 (PCR or RAT) test.

- If your contact details remain current, we will inform both you and your GP of an appropriate recall period.
- You will be at the hospital between 4-6 hours on the day. As per hospital regulations, you will require an escort home (as you are not permitted to drive) and someone to stay with you after the procedure. If you do not provide details of an escort to the hospital, your procedure will be cancelled.
- Please note your escort must be at least 18 years of age.
- Any necessary medications can be taken as per usual, unless otherwise instructed.
- Please ensure this form is signed and returned to Cairns Gastroenterology prior to your procedure. Patients are responsible for checking their own Body Mass Index (BMI) and notifying us where necessary. BMI limits exist at all facilities. The BMI limit at Cairns Private Hospital is 55, Ramsay Surgical Centre Cairns is 47 and the Far North Day Hospital is 43. If you are above the limit when booked into the day surgery you have been allocated, you MUST notify the hospital or our practice so we can reschedule your procedure to the appropriate. If you are unsure, please use the link below to check your BMI. <https://www.bupa.com.au/healthlink/health-tools/bmi-calculator>
- Please note, payment of your out-of-pocket fee is evidence of your consent and agreement to the payment policies and all other information mentioned in this document.

By signing below, I consent to the use of my personal information and Medical Photography Images by Cairns Gastroenterology to other health providers involved in my medical treatment and healthcare and I have read and understood the information on both sides of this leaflet prior to my procedure.

X

\_\_\_\_\_  
Patient Name

X

\_\_\_\_\_  
Date of Birth

X

\_\_\_\_\_  
Signature

X

\_\_\_\_\_  
Date