

Dr Matthew Lau

Consulting Suites, Knox Private Hospital,
262 Mountain Highway, Wantirna 3152
City Fertility Notting Hill
Unit 6, 33-37 Duerdin St.
Notting Hill 3168

ML OBGYN Specialist Clinic

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	Clinic	Medicare base on 85% benefit	Out of Pocket	3rd party Billing
6-8 weeks (16401)	200	78.05	121.95	
10-14 weeks				FTCS/ NIPT Antenatal Blood tests (BB)
16 weeks (16500)	60	42.40	17.60	Optional \$2,000 to reach Medicare safety net
External scan and test				19-22 weeks Morph Scan 24-28 weeks OGTT, FBE +/- Ferritin blood test (BB)
20-28 weeks (16500)	1000* 60	42.40 42.40	957.60 17.60	*Fee will be collected on the first consult after 20 weeks
28 weeks (16590)	3000	334.95	2,665.05	Remaining \$1,000 if paid \$2,000 at 16 weeks +/- growth scan + monitoring
31 weeks (16500)	60	42.40	17.60	
34 weeks (16500)				
36 weeks (16500)				
+/- 37 weeks				
38 weeks (16500)				
+/-39 weeks				
40 weeks (16500)				
+/- 41 weeks				
Total Clinic cost (estimate)				
Delivery with health fund				Cover with condition
Self funded: 16519 Uncomplicated 16522 Complicated	2000 2500	640.45 1291.90 (benefit 75%)	1359.55 1208.10	Payment will be collected by 37 weeks.
Hospital Fee	varies			
Anaesthetist Fee	varies			
Paediatrician Fee	Varies			

Please note that there will be out of pocket if your health fund cover for birth is lower than Dr. Lau's fee. Please note that if the services of an Anaesthetist, Paediatrician or Surgical Assistant are required there may be further out of pocket fee from these Doctors. I will endeavour to manage your delivery personally. However, circumstances may arise where this is not possible. I work within a group of obstetricians, one of whom will attend if such a situation arises. No extra charge will be incurred to you.

In the event of the Patient/ Spouse or Next of Kin being in default of the obligation to pay and the overdue account is then referred to a debt collection agency. The Patient/Spouse or Next of Kin shall be liable to pay the debt and commission charged by the agency. I (please print name).....have read the above Pregnancy fee schedule and agree to pay said fee within the required time frame.

Signature:

Date: