SUNSHINE COAST DAY SURGERY
AS/NZS ISO9001:2008 certified

A Member of
cura
day hospitals group

Hospital Provider No: 657801-A

Email: reception@scds.net.au
Phone: (07) 5294 6516

Estimate of hospital fees

Please complete:

First Name: _____ Last Name: _____

Date of birth _____ Phone number: _____

Email: _____ Admission date: _____

Attending Doctor: _____

Item number/s	Cross out whichever is not applicable		Quantity
	Medical	Cosmetic	
	Medical	Cosmetic	
	Medical	Cosmetic	
	Medical	Cosmetic	

ESTIMATED TIME IN THEATRE: _____

Please contact your health fund to check whether you are covered for the procedure and the items numbers listed above. It is your responsibility to ensure that you are covered for the procedure and associated item numbers. Failure to do so may delay your surgery and/or result in financial charges that you will be personally responsible for paying.Complete the following details.

Name of fund: _____

Membership number: _____ Date joined: _____

Level of cover: _____ Excess/co-payment: $_____

Hospital cover: Yes ☐ No ☐ Covered for items Yes ☐ No ☐

Date called: _____ Reference number: _____

Sign _____

Submit

Email _____