



POLICY AND GUIDELINES ACKNOWLEDGEMENT

AFFIX PATIENT LABEL

**Dr William V. Braun
Dr. Jason Wong
Suite D, Ramsay Place
Northwest Private Hospital
137 Flockton St Everton Park Q 4053
info@lapsurgerybrisbane.com.au
Ph: 07 3353 9694 Fax: 07 3353 8437
HOURS: 8:30am – 4:30pm**

Booking Surgery:

- 1) Initial Consultation in relation to Weight Loss Surgery is charged at \$200.00 (Item 104)
- 2) Subsequent Review is charged at \$110.00 (Item 105) unless I booked for surgery and register for the weight management program.
- 3) A **non-refundable** deposit is required. The deposit may be transferred to another date if the surgery is scheduled within 12 months of cancellation.
- 4) A written quote will be provided to me within reasonable time with all surgical item numbers that I am liable to pay. If there is additional item numbers post surgery, I understand I will be provided an amended invoice for payment.
- 5) The balance of account must be paid a minimum of 14 days prior to surgery date unless otherwise agreed in writing between the patient and the practice.
- 6) If I am uninsured, I acknowledge that there may be additional costs outside of the quotation that I will be liable for and will provide in writing to my surgeon and his team that it is my decision to book at a Private Hospital.

Cancelling or Rescheduling Surgery:

- 7) Due to other patients who are on the waiting list or requiring surgery earlier, notice as early as possible (15 days minimum) must be provided at all reasonable times of any cancellation or rescheduling of surgery dates to ensure that the vacancy is filled by another patient.
- 8) If surgery is cancelled or postponed either by me or by Weight and Metabolic Solutions Australia, a subsequent bulk-billed consultation with an appropriate member of the team is to be scheduled prior to cancellation.
- 9) Cancellation Fees:
If I cancel within the under 14 days prior to my surgery date, a cancellation fee of 30% of my total invoice will apply.

Financial Consent and Consent for Treatment

- 9) I understand that I have provided my financial consent, understanding that if there is any further medical / surgical attention that I require, there may be further fees that I am liable for, including investigative pathology and radiology tests.
- 10) I understand that by signing the Consent For Treatment form, risks and complications may arise.

Dietary Guidelines

- 11) I acknowledge receiving the dietary and other specific guidelines of post-operative care from my surgeon and his team and if at any time, any advise or content of the material, I will make contact and seek guidance from my surgeon and/or his team. There may be third party fees applicable.

Patient Initial:



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Psychological Management

12) I acknowledge that psychological management is an imperative aspect of successful bariatric surgery, therefore I consent to the possibility of an inpatient (in hospital) consultation with Dr. Anastasia Braun following surgery without affirmation beyond this document. I understand I may be required to obtain a separate referral for Dr Anastasia Braun.

Discharge Against Medical Advice

13) I understand that if I do not live within 100klm of my surgeon’s rooms situated at 137 Flockton Street, Everton Park Qld, I must make arrangements to stay within the area for a period of 12 nights post discharge. If I leave the area prior, I acknowledge that I am leaving against medical advice. I am removing myself at my own insistence and against advice of my surgeon. I have been informed of the dangers of leaving the area and release my surgeon and his employees from all liability caused by my actions. I will sign a form to state that I am discharging myself against recommendation.

Emergency Presentation

14) I understand that my surgeon operates at the North West Private Hospital and Redcliffe Public Hospital.

15) In the event that there is an emergency after hours that require immediate presentation, I will endeavour to make contact with my surgeon and his team by all means of communication including contacting Redcliffe Hospital on 3883 7777, leaving a message on 3353 9694, emailing info@lapsurgerybrisbane.com.au, and alternatively if on facebook, leaving a facebook message for my surgeon and the team.

16) If I do not live in South East Queensland, I will attend at my GP or nearest hospital and advice my surgeon and his team as soon is as possible.

17) I understand that if I present at a hospital other than where my surgeon is accredited to practice, my surgeon and the team may not be involved in my care, unless invited by the treating specialist and/or team.

18) I have understood that I have been advised if I am uninsured I will present to Redcliffe Hospital utilising my own means of transport or if insured I will present to Brisbane Northside Emergency Hospital to receive ongoing and direct care from my surgeon and his team. I acknowledge that there may be fees payable that I will meet in accordance to individual hospital policy.

Patient Signature.....

Date...../...../.....