

Subject Line: Estimated out-of-pocket fee for Dr X XXXX (Assistant Surgeon)

Hi xxx,

Your surgeon has requested Dr xxx xxxx to assist with your upcoming surgery.

Please find below an estimate of your out-of-pocket costs

Date of Surgery: xxxxx

Surgery Item Number/s: xxxxx

Assistant Item Number: 51303

Estimated Total Cost: xxxxx

Estimated Cost Paid by Health Fund: xxxxx

Estimated Out of Pocket: xxxxx

Please note: This estimate is based on the information provided by your surgeon before surgery. Any changes by the surgeon during your surgery may result in additional costs.

Prepayment of this estimated out-of-pocket is required xx days before your date of surgery.

Payment Methods

Payment Reference: xx/xx-surname

[INSERT PAYMENT METHODS]

A medical receipt will be issued after your surgery.

If you wish to discuss, please call