

 <p>Health Pathology</p>	<p>Molecular Medicine Laboratory Clinical Sciences Building Concord Hospital CONCORD NSW 2139 Tel: +61-2-9767 6864 Fax: +61-2-9767 6194</p> <p>Garth A. Nicholson MBBS PhD FRACP Stephen Reddel MBBS PhD FRACP Professor of Neurogenetics Staff Specialist Neurology Provider No: 298133K Provider No: 202085DY</p>
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Consent for Payment

Patient Information

Lab No.:

Surname:..... Given Name:

DOB:

Address:

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Contact Phone Number: (Mobile)

(Home)

(Work)

To be completed by Patient/Person responsible for covering costs of testing performed by Molecular Medicine Laboratory, Concord Hospital

I understand my doctor has requested test/s that are not funded by Medicare Australia, and that I will incur an out of pocket expense for the test. Therefore, these costs are my soul responsibility and agree to pay out of pocket expense. (Note: No Private Health Fund please)

Signature: Date:

Print Name:

(If person responsible for payment is not the patient, please sign and state relationship to patient)

Test/s Requested: Amount Charged:

Schedule of Charges for Muscle Specific Kinase Antibody Assay (MuSK Antibody)	Charge
Standard patients, pathologists and hospitals	\$70.00
Veteran Affairs and Patients with valid health care card	\$50.00
Overseas Sample (This includes visitors from other countries or overseas students residing in Australia)	\$90.00