



METRO WOUND CARE
Shelley Mclvor – Nurse Practitioner

Fee information & Financial Consent

Patient Name: Affix patient label if available

Address:

DOB:

Shelley Mclvor of Metro Wound Care will be providing services to the you, the patient, in accordance with a referral received from your general practitioner, specialist, or referring facility on behalf of your specialist.

Your care will be provided at your home or location arranged and agreed to by both the patient and Metro Wound Care.

The fees for service are below:

First appointment: 180.00

Standard/ongoing appointment: \$165.00

Weekends / Public Holidays: Standard appointment: \$180.00

Outside of the standard catchment a \$15.00 fee may be charged.

The fee is inclusive of travel expenses and wound care consumables with the exception of high cost products and devices. These products will only be introduced with full explanation and your consent.

A medicare rebate is available for care provided by Shelley Mclvor who is a endorsed nurse practitioner.

If Shelley is unavailable to attend your appointment there may be a covering nurse practitioner who will also be medicare eligible. However, there may be a covering registered nurse, wound practitioner. There will be no medicare rebate for non-nurse practitioners.

Your management plan will be in accordance with your referrers request.

You will be advised when your appointment days will be and on the day of your appointment you will be contacted with a approximate appointment time. We ask that you value the time allocated for you. Should you fail to advise Metro Wound Care with a minimum of 4hrs notice of cancellation, or not be present on our arrival as arranged you may be invoiced as follows:

Late cancellation (less than 4 hours) - \$50.00

Failure to be present when nurse arrives for scheduled appointment - \$80.00.

We ask that pets are not in the area of a clean and safe workspace for the nurse

☐ I have read and understood the information and consent to the payment of service fees

Patient name:		Address:	
Phone:			
Signature		Print:	