

INFORMED FINANCIAL CONSENT FORM

Patient Name: _____ Date of Birth: _____

Healthcare Provider Information:

Full Name: _____

Position/Title: _____

Contact Information: _____

Financial Consent Details:

Description of Services:

The patient has been informed about the nature and scope of the proposed healthcare services, including any treatments, procedures, or tests that may be required. Estimated costs and any associated fees have been disclosed to the patient beforehand.

Estimated Total Cost: _____ AUD

Payment Terms:

Payment is expected in accordance with the agreed terms. The patient understands their financial responsibilities for payment, including any out-of-pocket expenses, co-payments, or deductibles. Information regarding billing, insurance coverage, and payment options has been provided.

Patient Rights and Responsibilities:

The patient acknowledges that they have the right to ask questions about the financial aspects of their care, to receive clear explanations, and to request copies of all financial documents. The patient also understands their responsibilities to provide accurate insurance information and to fulfill payment obligations as agreed.

Consent to Financial Obligations:

By signing below, the patient consents to the financial terms outlined above and agrees to be responsible for all charges not covered by insurance or other third-party payers. The patient understands that failure to pay may result in collection actions and may affect their credit rating.

Privacy and Confidentiality:

The patient's personal and financial information will be handled in accordance with applicable Australian privacy laws, including the Privacy Act 1988 (Cth). Information will only be disclosed as necessary for billing, payment processing, and compliance with legal obligations.

Dispute Resolution:

In the event of any financial disputes, the patient agrees to attempt resolution through informal negotiation first. If unresolved, disputes may be referred to independent mediation or arbitration under Australian law. The patient understands this does not affect their right to seek remedies available under applicable legislation.

Acknowledgement and Signature:

I acknowledge that I have read and understand this Informed Financial Consent Form. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I voluntarily agree to the terms and conditions outlined herein.

PATIENT'S SIGNATURE

WITNESS SIGNATURE

Signature: _____

Signature: _____

Name (Print): _____

Name (Print): _____

Date: _____

Date: _____

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