

PO Box 12 Arncliffe NSW 2205

p: (02) 9567 7329 e: info@msasa.org.au

## Informed Financial Consent for Surgery: The Medical Surgical Assistant

## **Dear Patient**

Your surgeon or his/her staff has provided you with this form because your forthcoming operation is likely to require the services of a medical surgical assistant (assistant surgeon).

A medical surgical assistant is a qualified medical practitioner chosen by your surgeon to assist him/her throughout the operation, working at all times under the direction of your surgeon.

For further information please see the MSASA website: <a href="msasa.org.au">msasa.org.au</a>

As in the case of your surgeon and anaesthetist, a surgical assistant will charge you a separate fee. In most cases you will be eligible for a rebate from Medicare and your private health fund. **Please be advised that there may be an associated gap or co-payment** for the services of your medical surgical assistant.

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## **PATIENT DECLARATION**

I,(Patient) hereby acknowledge that I have been informed
that a surgical assistant may be involved in my forthcoming surgery.
I have been advised of the likely cost of this service, and I understand that after rebates
there will be gap of approximately \$ for me to pay.
Signed
Date