

Where the tests requested are related to care provided by a **public hospital**, *the charge will be directed to the relevant hospital*. An Agreement to Pay form is **not required** and the patient will not receive an invoice for these tests.

Patient Details

Name _____ DOB ____ / ____ / ____

Address _____

_____ Postcode _____

Email _____ Mobile number _____

Referring Practitioner

Name _____ Provider No. _____

Address _____

_____ Postcode _____

Tests Requested

Test Name	Price (ex GST)
Total	

Person/Institution Responsible for Payment

Name _____

Address _____

_____ Postcode _____

I understand that the test requested is not covered by Medicare. I have been advised of the cost and understand that I will receive an invoice from SA Pathology for this service, and I accept responsibility for the full payment of the fee for the test.

Date ____ / ____ / ____ Signature _____

An Agreement to Pay form is required in the following circumstances:

- When the test requested is not covered by the Medicare Benefits Schedule (MBS).
- When the test requested is 'sent away' to an external testing laboratory.
- When the patient is not registered with Medicare.
- When the requestor does not have a valid Medicare provider number.