



DISTRICT SERVICES
CLIENT FEE SCHEDULE

Unit record Number:.....
 Family Name:.....
 Given Name:.....
 Address:.....
 Date of Birth:..... Sex:.....

OR USE PATIENT LABEL

INFORMATION AND AGREEMENT

Service		Fees	Tick
District Nursing- Home Visits	Commonwealth Home Support Program/ Home and Community Care	\$3.90	
	Private Clients	\$94.98 per hour	
District Nursing- Clinic	Commonwealth Home Support Program/ Home and Community Care	\$6.00	
	Private Clients	\$10.00	
Consumables (dressing products)	Payment required if used		
Activity Centre – Social Support (centre based)	Commonwealth Home Support Program/ Home and Community Care	\$12.00	
	Private Clients	\$60.00	
Activity Centre – Planned Activity Group (mobile)	Commonwealth Home Support Program/ Home and Community Care	\$5.00	
	Private Clients	\$60.00	
Activity Centre – Exercise	Commonwealth Home Support Program/ Home and Community Care	\$5.00	
	Private Clients	\$20.00 per hour	
Mens Shed		\$8.00	
Case Managed Clients (Nursing/ social Support)	As per Service Agreement		
Department of Veterans Affairs	As per Guidelines		
Hospital in the Home	As negotiated		
National disability Insurance Service	As per Guidelines		
Northaven	As negotiated		
Post -Acute Care	As per Contract		
Transport Accident Commission	As negotiated		
Work cover	As per Contract		
Other			

Invoices are mailed monthly or can be paid to staff or at the Kerang District Health main office. Any client unable to pay this fee will NOT be denied service. Fees may be reduced or waived by the Unit Manager after consideration of circumstances.

FINANCIAL AGREEMENT:

I, have been informed of the Kerang District Health Service Fee Schedule and agree to pay the fee or have the fee claimed in accordance with options.

SIGNED: _____

DATE: _____