

# Doctors@42 Surgery Charges



## REGISTERED PATIENTS GP OR NURSE

	Adult [18+]/ HUHC	Child [14-17]/ HUHC
Consultation	\$19.50 / \$16	\$13 / \$10
ACC Injury	\$16 / \$16	\$13 / \$13

**ALL CHILDREN [under 14] CONSULTATIONS ARE FREE**

## SCREENING CHECKS

Cervical Smears/***	\$19.50/FREE
Diabetes Annual review	FREE
B4 School Checks	FREE
Cardiovascular Risk Check/***	\$19.50/FREE
Sexual Health Checks [<25 Years only]	FREE

## REPEAT PRESCRIPTION [ALL AGES] Collection after 3:00pm

**NEXT DAY Pick up / Fax \$12**

**SAME DAY Pick up / Fax \$17**

## MEDICALS [Purchase Order required if company is to be invoiced]

Driving/ Diving	\$60	CSC \$45
Insurance Full Examination	\$150	-\$200

## MINOR SURGERY

### Non Subsidised

### Subsidised

Wedge resection	\$120	\$90
Simple Operation	\$150	\$90
Complex Operation	\$250	\$200
Vasectomy	\$600	\$500
Mirena	\$150	\$80
Copper IUD	\$150	\$80
Jadelle Removal/Insertion	\$150	\$80
IV /Iron/Aclasta Infusions	\$150	\$80

**CONSULTATIONS OVER 15MIN REGISTERED PATIENT \$30**

**DNA [DID NOT ATTEND] \$10**

\* Plus Consultation Charge

\*\* +\$5 If seen GP

+ Prices may change

^ +\$10 If seen GP

## IMMUNISATIONS

Childhood Immunisation [<18 Years]	FREE
45 & 65 Years or ACC [ADT]/Other years	FREE/\$55
Flu/ >65 or <65 [Medical Conditions]	\$20/FREE
Zostavax =65 Years / <65 Years	FREE/ \$320x2

**Other vaccinations require payment prior to order.**

## CASUAL PATIENTS\*

### Adult [18+]

### Child [14-17]

### Child [0-13]

GP Consultation	\$100	\$40	\$30
ACC	\$60	\$40	\$30

**\*ONLY IN AN EMERGENCY or if appointment availability allows**

## NURSE SERVICES

BP	\$12
Dressing	\$15 [Non-ACC]
Liquid Nitrogen	\$12**
Pregnancy test [-ve/ +ve]	\$12/ FREE
DEPO/<25 Years	\$19.50/ FREE
B12^	\$12^
ECG	\$40*/[Subsidised] FREE
Spirometry [short]/Full	\$20* /\$60/\$100 [non-registered]

THERE ARE PHO EXTRA SUBSIDISED PROCEDURES FOR ENTITLED ENROLLED PATIENTS. PLEASE ASK YOUR DOCTOR.

AN ADDITIONAL \$ 5 MONTHLY ACCOUNT FEE WILL BE ADDED AT THE END OF THE MONTH IF THE ACCOUNT IS STILL OUTSTANDING, THIS WILL BE REFUNDED IF THE BALANCE IS PAID WITHIN 7 DAYS.

[NB AUTOMATIC OR ONLINE PAYMENT FACILITIES ARE AVAILABLE ON REQUEST]

CASUAL PATIENTS ARE REQUIRED TO PAY PRIOR RECEIVING TREATMENT.

ALL ACCOUNTS INCUR AN ADDITIONAL \$5 NON-PAYMENT FEE.

\*\*\* Conditions apply Ask Medical Staff