



# Warfarin Care Enrolment Application

## APPLICATION FOR WARFARIN CARE ENROLMENT - FOR PRIVATE HOSPITALS, GENERAL PRACTITIONERS & SPECIALISTS

**Fax to: 07 3377 8461 when completed**

Submission of an application for enrolment does not guarantee automatic acceptance on our Warfarin Care programme; please refer to the website for our [Eligibility Criteria](#) (Doctors Services; Warfarin Care)

**Patient Name:** \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  F  M

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Carer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Referring Doctor** (Specialists must include the patient's GP)

Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Ph: \_\_\_\_\_

General Practitioner

Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Ph: \_\_\_\_\_

**Medical History**

\_\_\_\_\_  
\_\_\_\_\_

Date warfarin therapy commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hospital: Recent Admission if Applicable**

Hospital: \_\_\_\_\_

Ward: \_\_\_\_\_

Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fees** - There will be an initial and annual fee. Please refer to the [Warfarin Care Program Billing Information](#) or our website for details

**Warfarin History:**

Date warfarin therapy commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_

Target range ( $\geq 1$  unit, in whole units): \_\_\_\_\_

2.0 - 3.0  2.5 - 3.5  3.0 - 4.0

Expected duration for warfarin therapy: indicate below

Long term  Short term

Clinical indication: \_\_\_\_\_

Heart valve (tick)  Aortic  Mitral  Tricuspid  
 Tissue  Mechanical  Repair only

**INR test dates and warfarin doses**

Date	INR	Dose
/ /		
/ /		
/ /		
/ /		

Current medications (or attach a summary) including herbal medications, vitamins and dietary supplements.  
Note start/stop date if recent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed by**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Initialled: \_\_\_\_\_



# Warfarin Care Program

Welcome to our Warfarin Care Program where managing your medication safely and effectively is our priority.

Ensuring your dose is accurate is a complex operation. Everyone responds differently to warfarin and the regular blood tests we perform, which enable us to determine your particular dose, are critical in keeping your warfarin levels stable.

You'll soon get to know our friendly collectors who take your blood samples, and the highly-trained advisors at our patient contact centre who phone you about your dosage, but behind the scenes there is a whole team of people taking care of you.

The team includes couriers, administration staff and scientists, specialist GPs and pathologists who monitor your warfarin levels and provide your dose instructions.

## OUR WARFARIN CARE PROGRAM INCLUDES:

- Specialist GPs and pathologists monitoring your warfarin levels
- Contact Centre with specially trained people to advise on your warfarin dosing
- Reminder and follow-up process for urgent changes to dosing levels
- Access to Warfarin Care from 9:00am to 5:00pm weekdays, and 10:00am to 3:00pm Saturday.

## INR TESTING FEES

Our Warfarin Care Program is not funded by Medicare or any other government agency. The Medicare Benefits Schedule (MBS) provides a rebate for blood collection and INR testing only; it does not cover the cost of the services of our specialist medical teams and all the other additional resources needed for the Warfarin Care Program.

A number of cutbacks in Medicare rebates over the past four years has forced us, most reluctantly, to charge out of pocket fees for your Warfarin Care Program testing.

Warfarin Care program fees are separate from the fees that may be charged by your doctor.



## First INR Episode fee

Private fee: INR Medicare rebate + \$265.00\*

Concessional fee: INR Medicare rebate + \$135.00\*

## Annual INR Episode fee

Private fee: INR Medicare rebate + \$120.00\*

Concessional fee: INR Medicare rebate + \$60.00\*

(Concession includes: Pension, Health Care and Commonwealth Seniors Card holders and DVA)

This fee contributes towards your Medicare Safety Net. You will be sent an account.

## PAYING YOUR ACCOUNT



• Australia Post Office. After you pay your account, the receipt can be used to claim your Medicare rebate.



• BPay Internet Banking. The reference number is unique; you will need to change this number for each new account. Your receipt will be mailed to you to claim your Medicare rebate.



• Phone Credit Card 1300 957 969. Phone facility 24 hours per day, 7 days per week. Your receipt will be mailed to you to claim your Medicare rebate.

## CLAIMING YOUR MEDICARE REBATE

When the account is paid you can submit the receipt to Medicare to claim your rebate.

Your Medicare rebate is the subsidy provided by the Australian government for services that are included in the Medicare Benefits Schedule (MBS). If any of your tests are not covered in this Schedule you will not receive a rebate. You will need to pay for these tests in full.

For more information about personal and test eligibility, visit the Medicare Australia website [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au). Enter the item numbers from your invoice to search for a description of the services provided. Alternatively, contact Medicare on 132 011.

## ACCOUNT ENQUIRIES

If you need assistance please contact our Patient Services Support Team on 1300 732 030.

## WARFARIN CARE CONTACT INFORMATION

Office Hours: Monday to Friday 9:00am - 5:00pm  
Saturday 10:00am - 3:00pm  
Closed Sunday's and Public Holidays

Brisbane: (07) 3377 8777  
Outside Brisbane area: 1300 769 440