



Western Health

BRADMA LABEL

BED-BASED TRANSITION CARE PROGRAM

There are costs and fees charged in Transition Care Program.

Pharmacy costs – all prescription medication and over the counter pharmacy supplies must be paid for by the patient or person nominated as responsible for paying these costs – **please note that no exemptions can be made as the supplier is a community pharmacy.**

Bed based fees – all Transition Care clients are assessed as to the level of the daily care fee to be charged.

1 - Pharmacy Costs

Nomination of Person Responsible For Paying Account

- I understand that an invoice will be sent for cost of medication used by the client whilst in the Transition Care Program.
- The medication comes from Priceline Pharmacy in Williamstown and the client will be charged at the retail price.
- The invoice can be paid in person at Priceline Pharmacy - 19/21 Douglas Parade, Williamstown VIC 3016 or over the telephone with a credit/debit card - (03) 9397 5114
- Please note that all outstanding amounts will need to be paid prior to the day of discharge.

Name of Person Responsible:

Address: _____

Telephone Number: _____

Signed: _____

Self/Relationship to client : _____

Date: ___ / ___ / _____

2 – Bed Based Daily Fee

Nomination of Person Responsible for Payment

I understand that:

- A daily care fee of \$48.25 is payable once the client is transferred to the Bed-Based Transition Care Program.
- Same person responsible for daily fee and pharmacy costs
- Different person responsible for bed fees (fill out details below)

Name: _____

Address: _____

Telephone Number: _____

Signed: _____

Self/Relationship to client: _____

**This amount is set at 85% of the Commonwealth Aged Pension and is the same level as the daily bed charges applicable in residential aged care facilities.*

OFFICE INFORMATION:

TCP Case Manager to provide copies of completed form to:

Person/s nominated as responsible person/s

WHS-RevenueTeam@mh.org.au

TCP Admitting Nurse to complete pharmacy details below:

To be completed by TCP admitting nurse staff and provided to Ward Clerk for faxing to Priceline Pharmacy:

TCP Doctor: _____

Pension No: _____ **Type:** _____

Medicare No: _____ **Exp Date:** _____

Pharmaceutical Benefit Entitlement Details:

None

Pension

Concession

Repat – GOLD

Safety Net

White

Generic Substitution if available:

Name of TCP Case Manager _____

Telephone: 03 9397 5107