



Client Fee Waiver Form – Confidential

If a client is having difficulties in paying the fees for medical history transfer services provided by BCH, they can apply for a fee waiver using this form.

This form must be completed by a BCH Finance Team member in person (or via phone) and with the client's consent.

The form must then be sent to the appropriate delegate for approval (see overleaf).

Clients Full Name:

Date of Birth:

Client Debtor ID:

What is the client's income source? Please tick

- Australian Centrelink Pension Card
- Australian Health Card
- Commonwealth Senior Health Card
- Other income

Income Information - What is the client's income level? (please circle)

	Low	Medium	High	
Individual	< \$39,089	> \$39,089	< \$86,208	> \$86,208
Couple	< \$59,802	> \$59,802	< \$115,245	> \$115,245
Family (1 Child)	< \$66,009	> \$66,009	< \$118,546	> \$118,546
	(plus \$6,206 per additional child)			

What additional information can you provide to us help with this decision?

CLIENT AGREEMENT



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Due to financial circumstances, I am requesting a fee waiver for future services. Fee waiver request is for : _____ weeks (max period permitted is 12mths)

Next Review date _____ / _____

I understand that it may take up to two weeks for this request to be processed and any appointment occurring within this time frame may be subject to payment request/invoice.

Client Signature: _____ **Date:** _____

If this form was completed on behalf of the client, please provide the following details:

Name of BCH Staff Member completing: _____
Position: _____ Date: _____

For office use only:

Fee Waiver: Approved Rejected

Authorised by:

Name: _____ **Role:** _____

Date approved: _____