

# BILLING POLICY AND TERMS AND CONDITIONS

## CONSULTATION FEES ARE PAYABLE ON COMPLETION OF THE CONSULTATION.

It remains the responsibility of the patient to settle outstanding amounts that are not covered by the medical aid for consultations, consumables and procedures.

**ACCEPTED METHODS OF PAYMENT INCLUDE:** Cash, EFT, and Credit/Debit Cards

## ALL ACCOUNT QUERIES:

Contact Anneretha @ Flourish (021) 982 0138 OR [accounts@flourishsa.com](mailto:accounts@flourishsa.com)

## CONSULTATION FEES:

First Consultation	R1 100 (VAT incl)
Follow-Up Consultation	R900 (VAT incl)
Unscheduled / Emergency appointment (out of hospital only)	R1 700
Compiling and Drafting of Medical Reports	R1 200 / 30 min (VAT incl)
Completion of PMA/Insurance Forms	R525.00 (VAT incl)
Repeat Scripts	R175 (VAT incl)
Motivation Medical Aid	R745 (VAT incl)

## IN HOSPITAL COST FOR SURGERY PROCEDURES:

For Dr van der Kaag's account only. There will be separate invoices from the hospital, anaesthetist, pathology, radiology, etc.

<b>Fedhealth</b>	Contracted Rates
<b>Netcare Medical Aid</b>	Contracted Rates
<b>Keyhealth</b>	Contracted Rates
<b>Polmed</b>	Contracted Rates
<b>Momentum Health</b>	Contracted Rates
<b>Metropolitan Transmed</b>	Contracted Rates
<b>Remedi (Comprehensive &amp; Classic)</b>	Contracted Rates
<b>Discovery Classic payment arrangement (classic plans)</b>	300% MASA Rates – all other plans
<b>Medihelp</b>	300% MASA Rates
<b>Nedgroup</b>	300% MASA Rates
<b>Other Medical Aid</b>	300% MASA Rates
<b>International Rates</b>	300% MASA Rates

- ✓ **BMI (Body Mass Index) greater than 35 will be additionally charged for as it increases the risk of the procedure.**
- ✓ **It is the responsibility of the patient to contact their medical aid to obtain authorization. The necessary codes will be provided.**

Our practice **does NOT** charge the rates that the Department of Health (DOH) has determined for specialist doctors, which is known as the Reference Price List (RPL). RPL values for services are available from the DOH or from the Health Professions Council of South Africa ([www.doh.gov.za](http://www.doh.gov.za)).

Our practice billing policy rate is 3 times the RPL rate. This is currently seen as an industry standard for orthopaedic surgical procedures in our area.

Consumables during Post Surgery Consultations - Additional Wound Care Items used, will be charged

## **Prescribed Minimum Benefits (PMB)**

Many orthopaedic conditions that require surgery are regarded as PMBs by the ICD-10 code that is assigned to the diagnosis. Your medical aid is obliged to cover your surgical bill in FULL irrespective of the medical aid or plan that you are on. If, however, your full account is not paid by the medical aid within three months after your surgery date, you will be held liable for the balance of the account.

## **GAP cover**

GAP cover is additional insurance, not associated with your medical aid, that is aimed at covering expenses that your medical aid does not pay in full. Our practice does not work directly with your GAP insurer as in the case of medical aids but provides you with an account balance for you to submit it to your insurer. We strongly advise patients who do not already have GAP cover to explore this option as it is a cost-effective way to insure yourself against large unwanted bills.

## **Anaesthetist fees**

We make use of the services of Tyger Anaesthetists. Please contact them if you have any queries. (021) 007 2951

**TERMS OF SERVICE:**

I, the undersigned do hereby:

- ✓ Understand that the practice may charge fees in excess of my medical scheme's rates, dependant on plan, benefits structure and current accepted medical scheme networks as stipulated in the above billing policy. Any procedure codes excluded as an internal rule by your medical aid will be the patient's responsibility for payment.
- ✓ Accept that I am fully responsible for payment of services rendered, and that, should I not pay timeously, additional debt recovery and/or legal costs will be generated for which I will be liable.
- ✓ Understand that diagnostic and procedural information (as well as any related photographs) related to my treatment may be utilised for practice statistical, research and/or teaching purposes. All such information will be dissociated from patient information and informed consent will be obtained by the practice if any of my information is required for clinical trials or research. I have the right to decline the taking of photography or the use of any images by the practice.
- ✓ As patient or parent/legal guardian of the Patient (as applicable), give consent to the practice to send or retrieve my personal information (as defined in the Protection of Personal Information Act No 4 of 2013 ("POPIA"). This includes my personal details, medical information and medical history if needed to enable the Practice to provide the necessary health services. I understand that my consent is voluntary, and that I can withdraw it at any time.
- ✓ Health and privacy legislation requires that we contractually agree to keep your information confidential. In this document we confirm the undertaking. Certain laws may however compel us to disclose your personal and health information, such as laws that govern motor vehicle accidents, injuries and diseases that occur at your work, or claims to medical schemes. If you do not want us to release information to these entities, please let us know before you leave the practice. In those cases, those entities will then not cover the costs of your care or pay out other claims. You will then have to pay us directly for the services we have rendered. In all other cases we will require your consent before releasing information to family members, your employer, insurance companies, etc.
- ✓ **Kindly note that if your initial consultation or procedure was captured as private/medical aid on our system, we cannot change the claim to injury on duty after this. All amounts due will be the responsibility of the patient/main member of the medical aid. In this instance, the patient will then have to communicate with the Compensation Fund directly.**

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**PATIENT (FULL NAME)**

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**DATE**

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**SIGNATURE**