

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

### CONSULTATION FEES:

|                                                               |                   |                                       |                            |
|---------------------------------------------------------------|-------------------|---------------------------------------|----------------------------|
| First Consultation                                            | R1 200 (VAT incl) | Compiling/drafting of Medical Reports | R1 200 / 30 min (VAT incl) |
| Follow-Up Consultation                                        | R1 000 (VAT incl) | Completion of PMA/Insurance forms     | R525 (VAT incl)            |
| Unscheduled / Emergency appointment<br>(out of hospital only) | R1 700            | Repeat Scripts                        | R175 (VAT incl)            |
|                                                               |                   | Motivation Medial Aid                 | R745 (VAT incl)            |

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.

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

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

### CONTRACTS WITH MEDICAL AIDS:

Bankmed (Basic, Comprehensive, Core Saver, Plus, Essential, Traditional)  
Discovery (Classic Plans)  
Discovery Day Hospital (Coastal & Classic)  
(All other Discovery plans 300 % MASA Rates)  
Fedhealth (Maxima Plus & Exec, Flexifed, Myfed Fedsavvy, Summit)  
Gems  
Keyhealth

Medshield  
Momentum (Ingwe, Evolve, Incentive, Xtender)  
Netcare Medical Aid  
Polmed  
Regular Force  
Remedi (Classic, Comprehensive)  
Samwumed

Other Medical Aids (300 % MASA Rates)  
International Rates (300 % MASA Rates)

### Prescribed Minimum Benefits (PMB)

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

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 general or billing 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.**

.....  
PATIENT (FULL NAME)

.....  
SIGNATURE

.....  
DATE