

# Drs. Wise, Campbell, Blignaut, Mills

Specialist Surgeons

## MAIN MEMBER INFORMATION

ID NUMBER		SURNAME *	
FULL NAMES *		INITIALS	GENDER
HOME LANGUAGE		TITLE	DATE OF BIRTH
CELL *	HOME TEL	WORK TEL	FAX
EMAIL *		EMPLOYER	
MAIN MEMBER POSTAL ADDRESS *		MAIN MEMBER PHYSICAL ADDRESS	
CODE		CODE	
MEDICAL SCHEME *		PLAN / OPTION *	
MEMBER NO *		DEPENDANT CODE OF MAIN MEMBER *	
TOPUP INSURANCE PLAN		OPTION	
TOPUP INSURANCE MEMBER NO			

\* Indicates Mandatory fields

## PATIENT INFORMATION

ID NUMBER		SURNAME	
FULL NAMES *		INITIALS	GENDER
HOME LANGUAGE		TITLE	DATE OF BIRTH
CELL *	HOME	WORK	
RELATIONSHIP TO MAIN MEMBER *		DEPENDANT CODE OF PATIENT*	
HEIGHT	WEIGHT	AGE	
REFERRING DOCTOR			
NEXT OF KIN	CONTACT NUMBER	RELATIONSHIP	

*I hereby confirm that the information I supplied above is true and accurate, and I am responsible for any false information provided, I also confirm that I have read and understood the notice regarding professional fees.*

**NAME:**

**DATE:**

**SIGNATURE:**

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## NOTICE REGARDING PROFESSIONAL FEES

This practice values our relationship with our patients and would like to ensure complete transparency on the patient's possible medical healthcare costs associated with this practice. We hereby inform our patients, insurance companies & colleagues that the billing policy of this practice does not necessarily follow the different rates at which the various medical insurance companies reimburse at, or with that of colleagues or any price reference lists.

In mid-2010, the High Court made a ruling that there is no longer a legal standardized medical scheme tariff guideline, previously called the National Health Reference Price List (RPL). In 2011 most of the medical schemes are now reimbursing at a percentage of their "scheme rate" and both the percentage and value of the "schemes rate" vary from one scheme to another e.g. 2010 RPL rates plus 5% or 2010 RPL rates plus 6%.

Competition law requires each medical practice to disclose its billing practice which is determined according to the practice's own costing structures and which is also in line with the provisions of the Consumer Protection Act.

### **The tariff charged for healthcare services rendered in our practice is as follows:**

1. Patients will be charged R450 for the initial consultation, payable on the day of consultation.
2. According to a payment arrangement signed with certain medical schemes.
3. Emergency and trauma, fees are charged at 300% of scheme rate.

For booked procedures, a patient may request a written quotation. It remains the patient's responsibility to decide or ascertain with their medical aid, what will/will not be covered. Each quotation will provide a patient with the applicable procedure codes & fees. A 5 day cooling-off period applies after the quotation has been accepted.

Because of the varying and different benefits and exclusions on the different medical aid plan options in the market, it remains the patient's responsibility to validate with their medical aid what procedure codes and reimbursement tariffs are applicable on their plan. Even if the patient's medical aid covers a certain procedure, it does not necessarily imply that the medical aid will reimburse all the procedure codes charged by the practice. Please inform the practice if there are any specific pre-conditions which you may have to adhere to on your medical scheme plan e.g. medicine formularies, preferred or designated service providers etc. These aspects can have an influence on the fees you might have to pay, what portion your medical aid will pay and any co-payments that may also be applied.

The medical practitioner and the practice reserve the right to charge for any additional paperwork requested by your medical aid e.g. pre-authorisations, motivation letters, chronic medication forms or reports.

Even if the practice submits the account to a medical aid for re-imburement, the patient ultimately remains liable for the full costs, the interest as specified in the National Credit Act, and for any costs incurred in the recovery process in the event of the account not being settled in full by the medical aid. Patients should discuss all fees related to the other healthcare professionals' involved in the treatment plan (e.g. anaesthetist charges, physiotherapy, pathology laboratory tests, x-rays, scans) directly with them.

Should your medical aid not be able to clarify at which rates you are insured at, submit your complaints to the

Council for Medical Schemes at [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com) or contact them on, telephone 012 431 0500.

Should any of the above be unclear, or should you have any further questions, please do not hesitate to ask the practice staff or doctor.