



**BASSON
& JESKE**
SPECIALIST
SURGEONS

Dr Gerhard Basson
Specialist Surgeon, MBChB (Pret), M Med (Chir) UP, FCS (SA)

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Dr Christian Jeske
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MBChB (Pret), FCS (SA), Certified Surgical Gastroenterology (SA)

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PAYMENT POLICY

Consultation fees in the practise must be settled directly after your consultation, then claimed by yourself from your medical aid. **We are a cashless practice and do not accept cheques nor cash deposits.** All major credit & debit cards are accepted. Please make timeous arrangement with your doctor if you have no other option. We appreciate your understanding in this matter.

Procedural fees including operations and endoscopic procedures such as gastroscopies and colonoscopies, that are settled immediately may qualify for a **10% discount.** Discounts lapse if the account is not timeously paid.

Emergency, weekends or after-hours hospitalisation - our administration is closed, and emergency rates apply. You will receive the surgery consent form and payment policy for signing during the ward round after you have been admitted. All billing will be done during as soon as possible during office hours.

Medical aid or insurance funds have various reimbursements, whilst some pay the entire fee and others do not. We provide a **quotation and an estimate of the cost** before you agree to any treatment (with exception to emergencies/weekend/after hour hospitalisation). Certain procedures are paid out of your medical aid's savings account. Please ensure that you have enough available funds.

Authorisation from medical aid for procedures remains the patient's obligation, we provide the procedure & the IDC10 to you.

Billing and accounts - Unless privately funded your account is submitted to your medical aid by us. You will receive a confirmation of this from your medical aid and a detailed statement of your account via e-mail and or SMS from us. Please contact us if you do not promptly receive an account from our practice as late submission to your medical aid may result in your claim being rejected. Feel free to contact our accounts department for any other enquiries via e-mail accounts@generalsurgery.co.za or phone Tel: 012 012 5202.

Payment of your account within **30 days** of receipt remains your responsibility unless other written arrangements have been made and approved with our accounts department.

Amounts paid to the patient by medical aids must, by law be paid over to the practice within **7 days of receipt.**

Overdue accounts accrue at a prime interest rate **+2% after 60 days** and are **handed over** to a debt collection agent.

The anaesthetist fee is separate from your hospital and surgeon's account. For more information on the anaesthetist's account please contact their offices directly:

Anaesthetist	Accounting Office	Accounting Contact	Accounting E-mail:
Dr K Purchase (Unitas)	Medical Account Consultants	Lene 012 333 5584	lene.mac01@gmail.com
Dr FW De Jong (Unitas)	Medical Account Consultants	Lene 012 333 5584	lene.mac01@gmail.com
Dr I Jacobs (Unitas)	Medical Account Consultants	Lene 012 333 5584	lene.mac01@gmail.com
Dr OS Robbertse (Unitas)	Calcumed	012 548 7564	madelein@calcumed.co.za
Dr M Snyman (Midstream)	Medical Account Consultants	Lene 012 333 5584	lene.mac01@gmail.com
Dr M Geysler (Midstream)	Medical Billing Solutions	Juanita 012 662 0505 Michelle 012 662 0505	jalberts@mbscc.co.za michelle@mbscc.co.za
Dr I Schreuder (Midstream)		Heinrich 063 672 3063	heinrich.schreuder@outlook.com
Dr I Noeth (Midstream)	Medical Billing Solutions	Juanita 012 662 0505 Michelle 012 662 0505	jalberts@mbscc.co.za michelle@mbscc.co.za

We thank you for using us as your health care practitioners.

PATIENT INITIAL _____

PAYMENT TERMS AND CONDITIONS

Liability for payment:

I, the undersigned, do hereby:

- acknowledge that I have been informed that this practice does not charge the rates that the Department of Health has unilaterally determined for doctors and which are known as the Reference Price List (RPL);
- confirm that I am aware that this practice fees are charged up to 3 times the RPL;
- confirm that I am aware that the RPL values for services are available from the Department of Health (Tel: 012-3120000) and the Health Professions Council of South Africa (Tel: 012-3389300 / www.doh.gov.za);
- accept that although I am a member of a medical scheme, I remain fully responsible for payment of the doctor's account until paid in full. These t&c's are entered into with me, the patient, & not the medical scheme/aid.
- acknowledge that the fees charged by the practice may be different to the benefit paid by my medical aid/scheme & I accept responsibility for any co-payment resulting from the difference between the amounts.
- agree to the fact that the practice may submit a claim to the medical aid/scheme, Compensation Commissioner, Road Accident Fund or an insurer, and that this will not in any way relieve me of my liabilities as aforesaid.
- confirm that, should I not pay timeously, I will be liable for payment of legal fees incurred by the practice in recovering any amount due (including but not limited to tracking costs & collection fees) on attorney & own client scale.
- acknowledge that the doctor reserves the right to charge for all follow-up consultations, irrespective of whether it is in the rooms, the ward, high care or the intensive care unit.

Medical Scheme Benefit

- I warrant that, the I am a current, paid-up member or dependent of such member under the medical aid/scheme, and that I have not resigned, or services have not been terminated.
- I authorise the practice to submit accounts to the medical aid/scheme for payment on behalf of the me/patient.
- I give permission for the use of ICD-10 codes for more effective account payment by the medical scheme.
- I undertake to:
 - ensure that accounts are received by the medical aid / scheme and paid within 90 days of service.
 - I acknowledge that an account older than 3 months will not be settled by the medical scheme and I will be held responsible for the settlement of the account.
 - settle the account within 30 days in case of non-payment or short payment of the medical aid / scheme and acknowledge liability for interest charged on payments made later than 30 days.
 - I acknowledge the pre-authorization for treatment / services do not guarantee payment by the medical aid/scheme, & that it remains my responsibility to obtain such authorisation by my medical aid/scheme.

Disclosure of medical information:

- The practice is hereby authorized to disclose to the medical aid/scheme, or the Compensation Commission or the Road Accident Fund or insurer to whom a claim has been submitted, in relation to amounts payable to the practice, full details as to the nature, diagnosis, condition, or treatment of the patient.
- The responsible person and/or patient has been informed that in certain circumstances, such as disclosure of ICD-10 codes, the exact consequences of disclosing such information are unknown to the practice and that information relating to these consequences, must be obtained by a responsible person and/or patient from the third party to whom the information is disclosed.

General:

- I/We the undersigned, hereby confirm that the practice **may use the email addresses** as indicated in the patient/guarantor details for communication purposes on accounts and/or invoices.
- I agree that invoices and **statements** shall be received via e-mail/sms and **only posted to me on my request**.
- I undertake to notify the practice of any changes in my indicated address, contact details or medical aid details.

Signed at _____ on the _____ 20_____.

PATIENT NAME

PATIENT SIGNATURE

WITNESS SIGNATURE