



PATIENT RESPONSIBILITIES, PRACTICE FEES & BILLING POLICY

1. CONSULTATION & PROCEDURE RATES:

- 2.1. Payment for the consultation must be made in full by the patient before leaving the practice.
- 2.2. **10% DISCOUNT is given for early settlement of any co-payment or out-of-scheme portion of procedural fees settled within 30 days of being invoiced. These include operations & endoscopic procedures.**
- 2.3. Follow up appointments up until 6 weeks after surgery are not charged for unless it is for a complication e.g wound infection, fluid collection etc. or if it is for a new health issue, for which the 1st consultation fee will apply.
- 2.4. Follow up appointments after gastroscopies, colonoscopies and other non-surgical procedures will be charged as follow-up consultations.
- 2.5. When consulting about new surgical problems or 6 calendar months after the patient's last appointment, the appointment will be charged at 1st consultation rate.
- 2.6. During emergencies, weekends and after-hours hospitalization or consultations, emergency rates will apply. The billing will only be processed during business hours and is then sent to the medical aid. Should there be any outstanding amounts, this bill will be sent to the patient by the accounting bureau for payment by the patient.
- 2.7. For long consultations or 3rd party consultations a surcharge is added to the standard rate. Should it be necessary to give telephonic feed-back or to discuss results, it will be charged accordingly.
- 2.8. For procedures on medical aid patients the rates negotiated with the medical aid scheme will apply and be charged. The patient must obtain authorization from the medical aid. The bill will then be submitted to the medical aid by the practice, should there be any outstanding amount the patient remains liable for payment.
- 2.9. For procedures on patients who are on a medical aid that the practice is not contracted to (see list 4.1) must obtain authorization from their medical aid. These patients or private "cash" patients will be provided with a cost estimate for approval for elective (pre-planned) procedures prior to undergoing any treatment in the practice or in hospital. This excludes emergencies/ weekends/ after-hour admissions which will be charged/submitted without a cost estimate and then processed during business hours.

1st consultation	R1050
Follow-up consultation within 6 weeks after surgery	No charge (T & C's below)
Follow-up consultation For scans, x-rays, bloods etc	No charge If booked within 7 days of receiving results
Follow-up consultation	R650

2. FOLLOW UP CONSULTATIONS & TEST RESULTS:

- 2.1. Consultations of imaging results/ special investigations must be scheduled by the patient within 7 days of result receipt.
- 2.2. All results of any investigations done must be obtained directly from the service provider, these can include:
 - 2.2.1. Radiological investigations
 - 2.2.1.1. X-rays; Ultrasounds; CT scans; MRI scans; PET scans; DISIDA scans
 - 2.2.2. Biopsies
 - 2.2.2.1. Taken during endoscopic procedures, gastroscopies, colonoscopies, Endo-Echo ultrasounds, etc.
 - 2.2.2.2. Excisions of lesions in theatre or in rooms,
 - 2.2.2.3. Needle biopsies in theatre
 - 2.2.3. Resections and/or surgical removal of organs
 - Surgical removal of gallbladder, appendix, lymph node, spleen etc.
 - Surgical resection (partial removal) of liver, pancreas, bowel

3. FOLLOW UP CONSULTATION FOR SURGICAL PROCEDURES:

- 3.1. Patients must book and attend the follow up appointment within six weeks of their surgical procedure.
- 3.2. Endoscopic procedures, gastroscopy and colonoscopies are non-surgical procedures.

4. MEDICAL AID CONTRACTS:

- 4.1. This practice is contracted to the following medical aids:
 - **Discovery Classic plans** 4.1.2 The contract allows your bill to be processed more easily with the medical aid and no co-payment is to be expected because the practice adheres to their negotiated rates.
 - **GEMS**
 - **Fedhealth**
 - **Momentum**
 - **Polmed** 4.1.3 Patients who belong to Medical Aid's not listed above are billed 217% of standard Reference Price List (RPL) scheme rates. RPL values for services are available from the DOH or from the Health Professions Council of South Africa (www.doh.gov.za). The patient will be liable for the portion not covered by their scheme.
 - **Bonitas & Boncap**
 - **Netcare**

- 4.2. The patient is responsible for authorisation and claiming from the medical aid and it remains the patient's responsibility to read the medical aid's terms and conditions, regarding;
 - 4.2.1. referral letters from referring medical practitioners;
 - 4.2.2. medical scheme exclusions;
 - 4.2.3. authorization numbers for specialist visits and procedures;
 - 4.2.4. short and co-payments for endoscopic and other procedures;
 - 4.2.5. penalties
- 4.3. The medical practice will provide the patient with the procedure & diagnostic ICD10 (International classification of disease code) to be able to request and receive the medical aid authorisation.

5. **PAYMENT METHODS:**

- 5.1. All major credit & debit cards are accepted.
- 5.2. No cheques will be accepted.
- 5.3. Cash is not a preferred method of payment, please make arrangement with us if you have no other option.
- 5.4. Should payments of outstanding amounts not be possible, a payment plan and written agreement must be concluded with the accounts department.

6. **ACCOUNT DEPARTMENT CONTACT DETAILS:**

- 6.1. Tel: 010 3126553, email: account4@qlpp.co.za
- 6.2. Please do not hesitate to contact them if you do not promptly receive an account from our practice. Late submission to my medical aid may result in your claim being rejected.

7. **ANAESTHETIC FEE & ACCOUNT:**

- 7.1. This is separate from your hospital & surgeon's account. For more info kindly contact their account department.

Dr K Purchase	Eloize 012 3335950	Eloize.mac01@gmail.com
Dr F de Jong	Renitia 012 3338323	Renitia.mac01@gmail.com
Dr R Gouws	Lene 012 3335584	Lene.mac01@gmail.com

8. **PAYMENT TERMS AND CONDITIONS**

I, _____ (full names of patient/ scheme member) ID no _____
 _____ ("the patient"), do hereby:

- 8.1. understand and agree to this entire document.
- 8.2. agree that these T&Cs are entered into with me, the patient and not the medical scheme/aid.
- 8.3. warrant that 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.
- 8.4. 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.
- 8.5. 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 and ensure that payment is made in full.
- 8.6. understand that certain procedures are paid out of my medical aid's savings account and that I need available funds to accommodate the medical aid's reimbursement policy and/or pay any short/ co-payment.
- 8.7. give permission for the use of ICD-10 codes for account billing and payment by the medical scheme.
- 8.8. 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.
- 8.9. confirm that I am aware that the practice fees are charged at specialist rates more than the Reference Price List (RPL) determined by the Department of Health and available from them (Tel: 012-3120000) and the Health Professions Council of South Africa (Tel: 012-3389300 / www.doh.gov.za) and that I accept responsibility for any co-payment resulting from the difference between the amounts.
- 8.10. agree to the fact that the practice may submit a claim to the medical aid/scheme, Compensation Commissioner, Road Accident Fund or an insurer & that this will not in any way relieve me of my payment liabilities.
- 8.11. I acknowledge that amounts paid to the patient by medical aids must, by law be paid over to the practice within 7 days of receipt.
- 8.12. agree to settle the account within 30 days in case of non-payment or short payment of the medical aid/scheme.
- 8.13. agree to payment of prime interest rate +2% of overdue accounts after 60 days.
- 8.14. Acknowledge that unpaid accounts are handed over to a debt collection agent after 60 days and confirm that I will be liable for payment of legal fees incurred by the practice in recovering any amount due.

- 8.15. ensure that accounts are received by the medical aid/scheme and are paid the latest within 90 days of service.
- 8.16. acknowledge that an account older than 90 days will not be settled by the medical scheme and I will be held responsible for the full settlement of the account.
- 8.17. 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.

9. CONSENT TO DATA PROCESSING AND DISCLOSURE OF MEDICAL AID INFORMATION

In terms of the provisions of the Protection of Personal Information Act

- 9.1. I hereby grant my consent to Dr. Christian Jeske INC (“the Health Care Practitioner”) and his appointed processor to process my personal data for the purpose of any/all of the undermentioned actions, being the legitimate reasons for processing and/or using my personal data.
- 9.2. I accept that my personal information will only be utilized for the purpose it was collected for and will only be retained for as long as is necessary and required by law and that I have the right to view such information at any time, as well as request correction or deletion of my personal information held by the health care practitioner.
- 9.3. I am aware that I may withdraw my consent at any time by using the Data Subject Consent Withdrawal form.
- 9.4. I herewith consent to the Health Care Practitioner collecting and having access to my personal information.
- 9.5. I expressly consent to the Health Care Practitioner to collect and process this information for the purpose of rendering services to me as well as processing claims with medical schemes or insurance funders.
- 9.6. I expressly consent to the Health Care Practitioner and his administrative staff to have access to my personal information contained in my health record and clinical notes, to enable them to process claims to medical schemes, issue documentation or complete any other administrative function required by my Health Care Practitioner or Medical scheme.
- 9.7. I expressly consent to the Health Care Practitioner using my personal information to communicate with me in person / via telephone / email / video call / fax / WhatsApp / any form of social media.
- 9.8. I expressly consent that the Health Care Practitioner may discuss any of my personal health information with any of the other members of the Clinical Team that may at any stage of my treatment be involved in providing health care services to me and to forward any such information to a referring Health Care Practitioner.
- 9.9. I expressly consent that the management and accounting group to which my Health Care Provider belongs to, be provided with my personal health information to enable them to render certain administrative services including coding queries, billing issues and audit assistance.
- 9.10. I consent to the Health Care Practitioner handing over any outstanding accounts and information to third party debt collection.
- 9.11. 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.
- 9.12. The scheme member/patient accepts that in certain circumstances, a disclosure of ICD-10 codes and the exact consequences of such disclosure are unknown to the practice and that information relating to these consequences, must be obtained by the scheme member/patient from the third party to whom the information is disclosed.
- 9.13. 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.
- 9.14. I agree that invoices and statements shall be received via e-mail/sms and cannot be posted.
- 9.15. 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 & SURNAME

PATIENT SIGNATURE

WITNESS NAME & SURNAME

WITNESS SIGNATURE

