

**DOCTOR-PATIENT CONTRACT BETWEEN REGISTERED PATIENT AND  
DR ARNOLD DOUGLAS, PLASTIC AND RECONSTRUCTIVE SURGEON.**

This practice values our relationship with patients and we would like to ensure complete transparency about the patients possible medical healthcare costs associated with this practice. **I hereby inform my patients, insurance companies and colleagues that the billing policy of this practice does not follow the different rates at which the various medical aid companies reimburse at, or with that of colleagues or any price reference lists.**

**BILLING AND PAYMENT POLICY**

**Consultations:**

If pre-authorisation is a prerequisite for consultations it remains your responsibility to furnish this practice with the necessary information.

Consultation fees are billed as follows: First /new consultation : R1000

Follow up consultations : R 580

Unscheduled and emergency consultation will incur an additional charge.

Consultation fees are payable on the day of the consultation in cash or by credit card. You will be supplied with an invoice to claim from your medical aid. We do not accept cheques.

In the event that you underwent surgery with Dr Arnold Douglas, all visits to the rooms for wound checks, removal of suture and follow up will not incur any charge for the first four months following your surgery. Thereafter the normal consultation rates apply.

**NO DISCOUNTS ARE APPLICABLE TO CONSULTATION FEES, AND CONSULTATIONS WILL NOT BE SUBMITTED TO MEDICAL AID.**

**Surgical procedures:**

This practice will provide you with a written quotation for surgical procedures. It remains your responsibility to confirm with your medical aid what will/will not be covered. A five day cooling-off period applies after the quotation has been accepted.

**If you have a Medical aid:**

In the event that surgery is required for a procedure, we will obtain pre- authorisation from your medical aid, however, it remains your responsibility to determine the extent of medical aid cover and to put the necessary finances in place to cover the non-insured costs.

Your treatment, the financial costs, and the quality of your professional care can be affected by the type of medical aid you belong to. It remains your responsibility to familiarise yourself with the benefits and conditions of your medical aid plan. It is important that you know your benefit status with regards to what health cover you have, referral restrictions, your savings account balance, registration processes, waiting periods, and pre- authorisation requirements.

The Medical Schemes Act 131 of 1998 and regulations entitle members of medical aids to all information on the benefits and limitations of their plan. You should verify the exact amount you are covered for – for consultations, procedures and assistant fees, and what your medical aid will, or will not pay for.

In the event of your medical aid having appointed a designated healthcare doctor or hospital, it remains your responsibility to be aware of this and bear any restrictions (medical and financial) that might follow when consulting a non-designated doctor or clinic.

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 012-4310500.

**Our payments terms are strictly 30 days, even if your medical aid has agreed to fund your procedure. Due to a possible difference in the fee for service rendered by this practice and the maximum benefit level of your medical aid plan, you may be required to make a co-payment to the practice. We offer 10% prompt settlement discount, should this co-payment be settled within 7 days of the surgery date.**

We do have payment arrangements with Discovery Healthcare for in-hospital treatment of all discovery patients on the Classic options.

These patients will not be liable for any co-payments to the practice for in-hospital procedures.

If you are unable to settle the account within 30 days, please discuss this with the practice and make the necessary arrangements **BEFORE undergoing surgery**. We can also supply contact details of companies who specialise in the financing of surgical procedures.

Even if the practice submits the account to your medical aid for re-imburement, you (or the parent/ guardian of a minor) remain 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 fully settled by your medical aid, including legal fees incurred during this process.

Disputes with medical aids regarding non-payment or partial payment of a claim are between you and your medical aid only. We do not get involved in such disputes, and expect full payment of our services while you are resolving the matter with your medical aid.

This practice does not deal with GAP COVER or accept payment from GAP cover. You have to pay the patient liable portion to the practice first, and then claim this back from your GAP cover insurance.

**This practice does not deal with any medical insurance. You have to pay the practice directly, and claim back from your medical insurance.**

You should discuss all fees related to the other healthcare professionals involved in your treatment plan, such as anaesthetists, physiotherapists and occupational therapists, pathologists, radiologist etc., directly with them. These fees will be charged by these healthcare professionals in addition to the fees charged by your plastic surgeon.

If you do not have a medical aid or if your procedure is not covered by your medical aid:

**We request, for procedures performed in our rooms, full payment on the day of the procedure.**

For procedures performed in hospital. A deposit equal to the full value of the quotation must be paid at least 48 hours before the proposed surgery is to take place.

A deposit equal to the full value of the quoted fee for the anaesthetist is payable at least 48 hours prior to surgery, and can be paid together with the deposit for the plastic surgeon.

The full fee quoted for the hospital will be due for payment on the day of admission to the hospital, and must be paid directly to the hospital.

**Dressings, medicines and materials used in treatment:**

Should these be used during consultations, surgery or during follow up visits for wound checks, removal of sutures or other routine visits **you will be required to settle this in cash or by credit card on the day of treatment**. You will be supplied with an invoice to claim this from your medical aid. **We do not submit these accounts to your medical aid.**

**Specialised wound care visits:**

Should specialised wound care be required due to complex wounds or infection, a fee of \_\_\_\_\_ or your medical aid's insured rate will be billed per visit. **This fee must be settled in cash or by credit card on the day of the visit.**

**Administrative fees:**

Where your medical aid queries the appropriateness of your planned treatment, your doctor may be required to submit a motivation letter or medical report. The cost of such a motivation letter is \_\_\_\_\_, and you will have to cover this cost if your medical aid does not cover it.

## **YOUR HEALTH CARE IS IMPORTANT TO US**

**You are obliged to provide your informed consent for any medical investigation, treatment, or procedure to be performed by the doctor.** It is your right, and the practice is obligated to discuss both the clinical aspects and financial implications pertaining to your health status, the diagnostic process, and the different treatment options available. You are entitled to withdraw your informed consent at any stage or to refuse such medical care. Should your treatment include admittance to a health facility where the involvement of other healthcare professionals (e.g. anaesthesiologists, pathologists, physiotherapists etc.) is required, you are required to give your consent to their respective treatment and professional fee policies.

In terms of the Children's Act, children may consent to medical treatment at the age of 12. Parents/guardians are however required by law to cover the expenses incurred for the healthcare of their children. We are obliged to keep the healthcare information of this group of children confidential, unless a child consents to a disclosure of such information.

## **MEDICINES FORMULARIES AND SUBSTITUTION OF MEDICATION**

The Medicines Act 101 of 1965 determines that a pharmacist may substitute a product that appears on a prescription with a generic medicine provided that the new medicine contains exactly the same amount of active substances taken in the same dosage and by the same route. A prescription cannot be substituted if your doctor indicates "no generic substitution" or your prescription. The law does not allow for therapeutic switches, i.e. medicine which substances are not equivalent as described above, although it may have the same or similar effect. The Medicines Control Council has issued guidelines on circumstances under which substitution is not to take place. Should you have any queries in this regard, please do not hesitate to speak to your doctor. Should a substitution take place at pharmacy level, you are entitled to enquire as to the nature of such substitution (generic or therapeutic) and may request that your doctor who prescribed the medication be contacted so as to enquire whether it would be in order to substitute the prescribed medication. Should you experience any side-effects of any nature, please contact your doctor immediately and bring along the package(s) and the medication(s) that you have been taking. **Bear in mind that various medications may interact with one another and that you should inform your doctor of all medication you are taking regularly or from time to time.**

## **SICK CERTIFICATES**

This practice will only provide a sick leave certificate should the specific condition so warrant. If a diagnosis is provided on the sick certificate, the certificate will only be handed or faxed to you unless otherwise requested by you in writing. It remains at your discretion to disclose your condition or diagnosis to your employer. If you or your employer wants to claim compensation for a disability, you will be required to disclose the nature and extent of such a disability to your employer or insurance company.

## **CONFIDENTIALITY**

All information handled by this practice will be regarded and treated as strictly confidential by the doctor and the practice staff. Should you belong to a medical aid and the practice forwards such an account to the medical aid, confidentiality may not be absolutely preserved, as this practice is required by law to provide certain information to the medical aid on accounts submitted and failure to provide the correct codes might lead to claims being paid incorrectly. Regulation 5(f) of the Medical Schemes Act (published in Government Gazette No 20556 on 20 October 1999) states that an account to a medical aid must contain relevant diagnosis. This must be submitted in the ICD-10 diagnostic coding format. It has also become necessary to disclose these codes on prescriptions, referral letters and request for radiology and pathology tests. Should a medical aid or any of its administrators approach this practice for confidential patient information and the doctor is uncertain of the necessary confidentiality processes in place, the doctor will insist to follow the standard operating procedures as legislated in the Access to Information Act and other legislation or rules. Your de-identified information may be used for epidemiological, research, or practice business planning and may be passed on in a de-identified format to third parties for further processing. For accuracy of health care planning, it is important that as much information as possible is included in these type of analyses and your participation in this regard is highly appreciated.

<p>Regulation 5(f) of the Medical Schemes Act (published Government Gazette No 20556 on the 20 October 1999) states that an account to a medical aid must contain the relevant diagnosis. This must be submitted in the ICD- 10 diagnostic coding format. <b>Your medical aid may refuse funding of your procedure if this code is not disclosed.</b></p> <p><b>Do you understand the implications and agree, where appropriate, to the doctor and practice disclosing your ICD- 10 diagnostic code under the conditions described above.</b></p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p><b>I have agreed to a consultation with DR ARNOLD DOUGLAS, Plastic and Reconstructive Surgeon. I am aware of the fact that the cost for the Plastic and Reconstructive Surgeon, and where applicable, the anaesthetist, pathologist and any other healthcare professional involved in my treatment is <u>totally separate and in addition to the costs of any other service provider, including the hospital and/or trauma unit.</u></b></p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p>This is a Private Practice. You are personally responsible for payment and not your medical aid. In the event of divorce the parent accompanying the minor is responsible for settlement of the account. In the event of any legal action being instituted against you for recovery of any amount whatsoever, you will be liable for all legal costs incurred, including, admin costs, 10% receipting fee on each instalment paid, all legal costs incurred and interest from date of services rendered until date of payment in full. If the matter is defended, I will be liable for legal costs incurred on an attorney/client scale. Once my account has been handed over there will be no further correspondence entered into with the practice. All correspondence will be with Nicol, Davis and Associates CC. Your attention is further drawn to Section 109(1) of the Magistrates Court Act 32 of 1944 which stipulates that you must notify us any change of address in your work or home within fourteen (14) days of such change. And I choose the address supplied by myself as the <i>domicilium citandi et executani</i>. The National Credit Act 34 of 2005 is not applicable to this claim.</p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p><b><u>SIGNATURES</u></b></p>		
<p>I hereby acknowledge that I have read the above information and that all information submitted by me in connection with my medical aid plan is true and correct. I understand that I am under a continuing obligation to advise the above practitioner/practice of any changes which may occur after submission of this contract and acknowledge, by signing this contract, that I am legally bound by the provisions of the contract. This contract is subject to the provisions of the HPCSA ethical rules. I understand that this contract constitutes part of the terms and conditions under which professional services will be rendered, in compliance with the provisions of the Consumer Protection Act.</p>		
<p><b>This serves as a binding contract between the patient and the plastic surgeon. You may only sign on behalf of yourself or your dependants who are below 18 years of age. If you belong to a medical aid plan, each member on your plan, and who is over 18 years of age, will be required to sign a separate binding contract with this practice.</b></p>		
<p>Patient/Main Member/Parent/Guardian Name :</p>		
<p>Patient/Main Member/Parent/Guardian Signature:</p>		
<p>Date of Signature:</p>		