

SpesNet Notice in waiting room – Notice regarding Professional Fees

Dr Michael Molyneux

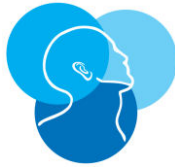
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MEDICLINIC
BURNHAM ROAD
PLUMSTEAD 7800

ROOM 303
MEDICAL SUITES
KINGSBURY
HOSPITAL
WILDERNESS
ROAD
CLAREMONT,
7700

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 standardised 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. 2014 RPL rates plus 5% or 2014 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. The practice charges rates dependent on medical aid per consultation and copayments may be charged for in room procedures if they are required.

The costs for procedures are available on request – a quotation will be generated and provided to you after the consultation. Please take note that the quotation generated may be subject to change depending on the procedures ultimately performed in theatre.

2. This practice charges contracted rates for the schemes we are contracted to. Please enquire from reception if the scheme you belong to has an agreement with the practice.

3. For all other services, this practice charges private rates. These may coincide with your medical scheme insured rate or may exceed the insured rate. Kindly ask reception for an estimate of what a service delivered by this practice will cost.

4. Please note that additional costs are involved where emergency and/or unscheduled work is required.

For all elective procedures, this practice will provide a patient with a written quotation. It remains the patient's responsibility to ascertain from their medical aid, what will/will not be covered. Each quotation provides 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-authorisation procedures which you may have to adhere to on your medical scheme plan e.g. medicine formularies, preferred or designated service providers etc. These will have an influence on the fees by determining what amount you might have to pay, what portion your medical aid will pay and any co-payments that may also apply. Please note that additional authorisation numbers may be required to cover services rendered by medical practitioners or service providers other than this practice. In this instance, it still remains the **responsibility of the patient** to acquire the authorisation number for these services.

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, as member of the medical scheme, you are advised to submit a formal complaint to the Council for Medical Schemes at complaints@medicalschemes.com or via telephone on 012 431 0500.

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