

Dr Chetan Patel

George Surgical Centre Plastic and Reconstructive Surgeon Tel.:(+27) 044 873 2228
44 C J Langenhoven Road MBBCh (Wits) FC Plastic Surgeon (SA) Mmed (Wits)
George 6529 Practice number: 0347647

E Mail: info@patelpractice.com

Protection of Personal Information Act Policy: **“the Practice” refers to Dr Patel and his staff**

The Practice respects your privacy. As a Plastic Surgery Practice both your documented information and visual records are collected and stored by the Practice. Steps have been taken to ensure that this information is safely and securely stored. Our staff are continually trained on best practices for management of your privacy.

As a patient and client of this practice you grant us permission to:

- Collect and have access to your personal information/ medical records which will be kept in a securely stored digital format.
- Collect and process this information for the purpose of rendering services to you as well as processing claims with medical schemes for insurances funders.
- Hand over any outstanding accounts to debt collection third parties
- Process claims to medical schemes, issuing of documentation and any other administrative function required by the Practice to use your personal information to communicate with you whether in person/ via telephone/ email/ video call/ WhatsApp/ Zoom / MS Teams.
- Provide the Association of Plastic Reconstructive and Aesthetic Surgeons of South Africa (APRASSA) and its private practice business units, to which the Practice belongs, with such of your personal health information to enable them to render certain administrative services including coding queries, billing issues and audit assistance.
- Discuss any of your personal health information with any of the other members of the Clinic / Medical Team that may at any stage be involved in providing health care services to the Practice and to forward any such information to a referring health Care Practitioner.
- Discuss and communicate with your family/ nominated person(s) with respect to your care and accounts.
- Use your **photographic/video graphic records for**
 - Academic discussions at meetings
 - Presentations to other medical practitioners
 - Before and after images to explain procedures to prospective patients in consultation. Where possible these will be non-identifying but in case where identifying features cannot be hidden, such as with facial and periorbital procedures, these will be shown without identification blackouts
 - Before and after images to be emailed to prospective clients. Where possible all identifying features will be blocked.
- You have the right to view such information and records held by the Practice. The Practice will retain this data for as long as is necessary and required by law.
- You may withdraw the consent, at any time, in writing to info@patelpractice.com, addressing the request to Dr C C Patel

PLEASE READ CAREFULLY AND SIGN PRIOR TO CONSULTATION

BILLING POLICY:

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" YOU" REFERS TO PATIENT/ MAIN MEMEBER /PERSON RESPONSIBLE FOR ACCOUNT

- Medical Aid contracts are between you and the Medical Aid and **NOT** with the practice
- Routine surgery and Emergencies are charged at Discovery Health Premier B Rates
- You will be provided with a price estimate prior to surgery. It remains your responsibility to check with your Medical Aid if there is a shortfall and should a co-payment apply. You are liable for settling any co-payment within 30 days of your account being submitted.
- Procedure codes and quotations may change according to intra-operative findings.

CONSULTATION AND / OR IN ROOM PROCEDURES POLICY

Fees are payable on the first and following consultations. These will not be submitted to the patient's Medical Aid.

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| 1. First consultation fee (excl Cosmetic Consult) | R871.00 |
| 2. Follow-up consultation fee | R406.00 |
| 3. Cosmetic consultation fee | R1300.00 |
| 4. Consumables (dressing, bandages, etc.) on the follow up visits, as per usage | |

- The Practice will obtain authorization for surgical procedures where possible. A letter of motivation will be submitted to the Medical Aid on your behalf. Should Medical Aid not cover that cost, it will be for your account. It is your responsibility to check that authorization has been given prior to surgery.
- Procedure and diagnostic codes required by the Medical Aid are stipulated in the motivation letter. Should the Medical Aid require further motivation, these will be charged for at applicable rates.
- Payment of surgical accounts are your responsibility.
- As per HPCSA guidelines - There will be no charge for consultation 4 weeks after surgery. After this time, standard follow-up rates will apply.
- This **does not** include any consumables that are used i.e. dressing pack, cleaning material, application and removal of Plaster of Paris or bandages, etc..
- Consumables used in the rooms must be paid for on the day of consultation.
- Surgical accounts will be submitted to the medical aid on your behalf; should payment not be received in full within 30 days after surgery, you will become liable to settle the account.
 - Should you fail to pay the balance due, the account may be handed over for collection. A cost (including interest on outstanding debt and collection agency fees) incurred, will be for your account.
 - You are liable for any shortfall or co-payments that may apply. No accounts will be submitted to Gap Cover by the Practice.
- Dr Patel uses anaesthetists for all major theatre procedures. The anaesthetists are not financially affiliated with Dr Patel. They bill separately for their services.
- Any laboratory or radiology services utilized, any additional medical/ surgical services deemed necessary in the process of your care will incur additional costs, which will be for your account. The practice is not liable for these costs.
- Medical reports will only be issued when all outstanding accounts have been settled. Medical reports for insurance or any other purpose, are billed for at the applicable rates stipulated in the billing manual.

Private Patients and Patients on Medical Insurance

Accounts are payable prior to surgery. A price estimate quote with tariff numbers /codes will be provided **NB!** This is an **estimate cost**, to assist patient and Medical Aids.
Intra-operative procedure codes may change according to clinical findings.

I have read through and understand the above practice policy

Signature _____ Date _____

Print Name : James Rautenbach _____