**DR THEUNIS BOTHA INC. PRACTICE BILLING POLICY:**

**As from 01 January 2016 the billing policy of this practice (PBP) will be as follow:**

Dr Theunis C Botha Incorporated is NOT contracted in with any medical aid and has no affiliation with any hospital.

**Payment of all accounts, at all times, even if submitted electronically by us to the medical aid, remains the responsibility of the patient. (PLEASE INITIAL AFTER EACH SENTENCE STARTING WITH \*)**

**TARIFFS:**

**CONSULTATIONS:**

All consultations are payable on the day of service. Patients can claim their payment back from their medical aid.

Scheduled Consultations R850

Unscheduled and Emergency Consultations R1100

First follow-up **(within 4 weeks)** of any procedure is Free

First follow up (**after 4 weeks)** of any procedure will be Medical Aid Fee

Further follow-up until **one year** (except replacements which requires longer periods of f/u) R550

**PROCEDURES AND OPERATIONS:**

Where possible claims of medical aid patients will be submitted electronically to medical aids. \***It remains the patient’s responsibility to** **follow medical aid payments up.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULED PROCEDURES AND OPERATIONS:**

Tariffs in line with Discovery Premium B rates, will be charged. An **estimation** of expected medical aid payments and patient co-payment will be provided for scheduled operations. This is NO guarantee of the final claim and or medical aid payments. Authorizations and motivations for procedures and operations will be provided on merit.

**UNSCHEDULED, EMERGENCY PROCEDURES AND OPERATIONS, AS WELL AS PRIVATE PATIENTS:**

Tariffs in line with Discovery Executive Plan will be charged for all unscheduled and emergency consultations, procedures and operations, as well as for private patients. Fees will not be negotiated at casualties/trauma or in high care units. Patients will however be informed as soon as possible about our billing policy.

**MEDICAL-LEGAL REPORTS, COPIES OF CLINICAL NOTES, COMPLETING OF LIFE INSURANCE FORMS etc -** will be charged for according to the nature and time it will take Dr Botha to complete.

Consult with your broker re Prescribed Minimum Benefits (PMB).

**TERMS:**

**\*TERMS OF PAYMENT ARE STRICTLY 30 DAYS**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .After 30 days a 2% interest p/m (National Credit Act) will be charged. All unpaid and partially paid accounts will be handed over for debt collection after 60 days. Appointments not cancelled within 24 hrs will be debited for patient’s account. \***NO ACCOUNT WILL BE CREDITED WITHOUT PROOF OF PAYMENT EITHER FAXED TO 0865164989 OR E-MAILED TO** **accounts@orthopodtcb.co.za** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** Only **ONE** account will be mailed**.** Thereafter email and sms messages regarding the status of an account will be sent. \* **ALL PAYMENTS MADE DIRECTLY TO PATIENTS BY MEDICAL AIDS, MUST BE REFUNDED TO DR TC BOTHA WITHIN 48 HOURS. FAILURE TO DO SO, WILL RESULT IN YOUR ACCOUNT BEING HANDED OVER FOR DEBT COLLECTION.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Patients may be referred for other medical and paramedical services. **\* THESE ACCOUNTS WILL BE BILLED SEPARATELY FROM DR TC BOTHA’S, AND WILL OFTEN CONTAIN PATIENT IDENTIFICATION AND DIAGNOSIS. ALL ACCOUNTS WILL HAVE AN ICD-10 CODE. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed on this …………………… day of …………………………………………… 20…………. at………………………………………………………………….**

**Name ………………………………………………………………………………………………………………ID ………………………………………………………………………**

**Signature …………………………………………………………………………………… Copy to PT YES/NO**