DR JACQUES **DOUBELL**

BILLING POLICY

1. This practice charges the fees it regards as appropriate in terms of the experience, services and training of the professionals working in the practice, as well as the cost base of the practice. Competition law dictates that practices may not agree to charge the same or similar fees.

2. The general fees charged for the most common codes we charge is available upon request from reception.

3. Fees may be / are increased on an annual basis and patients will be notified of this when making their appointment.

4. The practice will provide patients with a price of goods and/or services, and where it is unable to do so, it will provide a cost estimate to the patient. It should be noted that healthcare is not an exact numerical science, and the duration of services, or the number of items used cannot always be exactly estimated. In some cases the amount of medicine needed are calculated on the specific patient's needs and factors such as, for example, weight, age and severity of condition.

5. In many cases other health facilities, such as hospitals, theatre's, clinics, other doctors (such as anaesthetists, pathologists, etc.), or other healthcare professionals (occupational therapists, physiotherapists, etc.) will be involved in the patient's healthcare. Such facilities and professionals will charge their own fees in addition to the fees of this practice if they also render healthcare services to you.

6. We may contract to certain medical schemes (or medical scheme options) in a particular year. In such cases we will be obliged to charge at the levels so agreed with that scheme.

7. Note that unless we have agreed fees with your medical scheme, the fees that we charge and the benefits awarded by your scheme may not overlap. This would mean that you may be required to pay the difference, or in some cases, depending on the patient's medical scheme, pay for the treatment in full. Should you feel aggrieved by the decisions of your medical scheme, you can approach the:

   Council for Medical Schemes at: Complaints@medicalschemes.com or fax (012) 431- 0608. Note that the CMS would want patients to exhaust internal remedies (appeals in the scheme) first.

8. Also note that your medical scheme may require pre-authorisation and/or a motivation prior to certain treatments. Pre-authorisation or scheme approval is, according to schemes, no guarantee of payment.

9. Should you (the patient, if you are an adult, or the parent of a child-patient) not pay your account within 30 business / calendar days, we will give you notice of 20 business days where after we will refer your account to [an attorney / a debt collecting agency]. This will attract additional collection- and other fees. We reserve the right to charge interest of 2% per month on overdue accounts.

10. Please ensure that we always have your latest contact details to prevent you from missing any important communication from us. We may contact the person(s) indicated on your personal information form if we cannot get hold of you and your account remains unpaid.

11. Patients are encouraged to approach us early on if they experience problems with the payment of the account.

12. In deserving cases, we may reduce our fees to accommodate such patients. This practice also participates in various charitable activities.

13. Employment, insurance, Road Accident Fund and Compensation Fund (workplace injuries/disease) are dealt with according to the specific rules set by such bodies. Please inform us should you fall into these categories so that we can explain billing in these cases to you.

Doubell Cardiology Inc
MBChB (Stell), FCP (SA), MMed (Med) (Stell), MPhil (Cardio) (Stell), Cert Cardiology (SA)
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PAYMENT:

1. I agree to be personally liable for all amounts payable to Dr Jacques Doubell in respect of services rendered by the practice to me or my dependents.
2. The fact that the practice may submit a claim to my medical aid on my behalf will not relieve me of my payment responsibilities.
3. I acknowledge that the costs associated with the medical services have been discussed and explained to me.
4. I agree to notify the practice of any change in my address, contact details or medical aid details.
5. I agree that in the event of any amount not being paid on the due date that the practice shall be entitled to charge interest on the outstanding amount at the maximum rate allowed in law.
6. I understand that in the event of surgery, that doctor's fees are separate from the hospital and anaesthesia charges.
7. I acknowledge that I will be liable for any bank charges levied against the practice in the event of a bank declining to honour any of my payments and I acknowledge that I shall be liable for all legal costs incurred in the recovery of any monies due by me calculated on the attorney client scale.

PROVISION OF INFORMATION:

1. I understand that the practice relies on all information provided by me in relation to my health and personal circumstances ("my personal information") to provide the medical services.
2. I confirm that all my personal information is accurate and up-to-date and that I will inform the practice immediately of any changes in my personal information.
3. I therefore agree to indemnify and hold the practice and doctors harmless against any harm, injury or liability in relation to the provision of medical services as a result of my failure to give complete and up-to-date information regarding my health and personal circumstances.
4. I confirm that I have been made aware of the practice privacy statement and my rights and obligations in respect of the personal information held by the practice, how the information will be processed and with whom it will be shared.
5. I understand and consent to the practice sharing my personal information, including my health information, with all relevant health professionals, facilities, medical aid funders and insurance companies as may be necessary for my treatment and care or for a legitimate purpose.
6. I confirm and consent to the practice communicating with me in respect of follow up appointments in electronic format and understand that I may opt out from receiving these communications.

CONSENT TO TREATMENT:

1. Dr Jacques Doubell has explained my health status to me and explained to me what my health care options are.
2. I understand that I have to consider the following (e.g. treatment duration, importance of taking medication, coming back to the Practice as instructed, following self-care and how I must behave or things I must not do, etc).
3. I have been told about the benefits, risks and costs of the health care.
4. I understand that I can refuse health care at any stage, but also understand that if I refuse, Dr Jacques Doubell must explain the consequences of the refusal to me. I will not hold Dr Jacques Doubell or the practice liable for any of those consequences, should they happen. If I refuse, I must still pay for the health care I have had up to that point.
5. I understand these options and have consented to the treatment / treatment plan. I understand the risks, and agree to those risks.
6. Should at any stage I do not understand any stage of the consultation, investigations, treatment or follow-up plan it is my responsibility to ask that it be re-explained to me
7. I understand that I have consented to the treatment plan unless I indicate otherwise