

## PRACTICE FEES AND BILLING POLICY 2022

It is important to familiarise yourself with the fees being charged at our practice in order to avoid disappointment and unwanted/unexpected medical bills. We encourage you to contact us if you have any queries regarding your account. Sometimes a simple telephone call will clear any misunderstandings.

### Room Consultations:

All room consultations are payable in full at the rooms. No claims for any room consultations will be submitted to the medical aid by the practice. The patient will receive an invoice which can be used to claim back the consultation fee (or part thereof) from the medical aid.

New Patient/ New Consultation: R850

Follow up consultation (no surgery): R500

Follow up consultation (post-surgery >6 weeks): R500

Follow up consultation (post-surgery <6 weeks): No Charge

Steroid injections: R250

### Room Procedures:

All room procedures and consumables will be charged to the medical aid, provided sufficient funds are available. The patient will remain liable should there be insufficient funds or no out-of-hospital benefit.

### In-hospital Theatre Procedures:

Our practice does NOT charge the rates that the Department of Health (DOH) has determined for specialist doctors, which is known as the Reference Price List (RPL). RPL values for services are available from the DOH or from the Health Professions Council of South Africa ([www.doh.gov.za](http://www.doh.gov.za)).

Our practice billing policy rate is 3 times the RPL rate. This is currently seen as an industry standard for orthopaedic surgical procedures in our area.

NS Rogers Orthopaedic Surgery Inc. does, however, negotiate and discount rates if and when necessary. For elective (pre-planned) surgery, the patient will be provided with a written quotation and estimation of cost to be expected.

Unscheduled (emergency) or after hour theatre cases are billed according to the practice tariff (RPL x 3).

### Prescribed Minimum Benefits (PMB):

Many orthopaedic conditions that require surgery are regarded as PMBs by the ICD-10 code that is assigned to the diagnosis. Your medical aid is obliged to cover your surgical bill in FULL irrespective of the medical aid or plan that you are on. If, however, your full account is not paid by the medical aid within three months after your surgery date, you will be held liable for the balance of the account.

### GAP cover:

GAP cover is additional insurance, not associated with your medical aid, that is aimed at covering expenses that your medical aid does not pay in full. Our practice does not work directly with your GAP insurer as in the case of medical aids but provides you with an account balance for you to submit it to your insurer. We strongly advise patients who do not already have GAP cover to explore this option as it is a cost-effective way to insure yourself against large unwanted bills.

### Prosthesis costs:

Many orthopaedic procedures make use of prosthetic implants. These medical devices can be extremely expensive. The cost of these implants forms part of your hospital account and not your surgeon's account. It is, however, paid out of a subsection of your medical aid called the prosthesis limit. Please make sure that implants used during your surgery do not exceed the prosthesis limit of your medical aid. This is especially important if previous implant-related surgery was done in the same year. Implant quotations are obtainable upon request and are not provided as standard.