



## PROF CHRYSIS SOFIANOS PLASTIC & RECONSTRUCTIVE SURGEON

# PRACTICE TERMS AND CONDITIONS

These terms and conditions set the basis upon which, the Patient, or parents and legal guardians of patients, and the Practice of Prof Chrysis Sofianos will conduct their relationship.

By your signature to these Terms and Conditions, you accept that you have read the document in its totality, that you understand the contents and that you have been given an opportunity to ask questions, which have been answered to your satisfaction.

### PRACTICE CONSULTATION FEES

ACCEPTED METHODS OF PAYMENT: CASH, EFT, CREDIT / DEBIT CARD, ONLINE PAYMENT METHODS		
First Consultation	R1300	
Follow-Up Consultation	R750	
Unscheduled / Emergency Consultation	R1800	
In-Hospital Cost for Surgery Procedures (excluding cosmetic or aesthetic procedures)	Discovery Classic	217% Discovery Rates
	Other Medical Aids	250% RPL Rates
	International Rates	300% RPL Rates

### PRACTICE BILLING AND PAYMENT POLICY

- This Practice values its patients and would like to ensure complete transparency regarding the patient's possible medical costs when involved with the practice.
- This practice does not charge medical aid rates. These rates were unilaterally determined by the Department of Health and are known as the Reference Price List (RPL) and are available from the Department of Health (Tel: 012-3389300) and www.doh.gov.za.
- This practice charges fees that are up to 3 times the RPL, depending on your individual medical aid scheme. Any requests for payment arrangements different to those set out above, must please be discussed prior to being seen or treated by Prof Sofianos.
- This practice may charge fees in excess of your medical scheme's rates, dependent on plan, benefits, structure and current accepted medical scheme networks as stipulated in the above billing policy.
- Medical Scheme Submission
  - In some cases, the practice will submit your claim directly to various medical schemes. Despite the fact that the Practice submits the account to the medical scheme, you still remain liable for payment should your medical scheme refuse to pay for any part, or all, of the account.
  - By your signature hereto you agree that the Practice may submit accounts to your medical scheme on your behalf or on the behalf of a dependant member. Should you not want the Practice to submit the claim to the medical scheme, kindly let the Practice know.
  - You are liable to provide us with all of the correct information in order for the Practice to submit your claim to your medical scheme. If this information is incomplete or inaccurate, we may not be able to process your claim and you will need to pay the Practice directly for the services which they have provided. You undertake to notify the practice of any change in indicated address, contact details or medical scheme details.
  - The terms and tariffs applicable to medical scheme patients vary from scheme to scheme, and even from option to option (plan to plan). You should obtain those details from your scheme. If you are concerned about the amounts, you have to talk to your scheme. You acknowledge that the fees charged by the practice may be different from the benefits to be paid by the medical scheme, and you accept responsibility for any co-payment resulting from the difference between these two amounts.
  - This practice cannot be held responsible for any additional fees or outstanding amounts not settled by your medical aid fund or gap cover.
  - It is your responsibility to obtain pre-authorisation from your medical scheme for any appointment at this Practice or for any treatment or procedures which will be performed by a doctor of this practice. You understand that pre-authorisation is never a guarantee of payment and that should your Medical Scheme not cover any pre-authorised appointment, treatment or procedure, for whatever reason, you will be liable for this amount.

#### Out of Hospital

- All consultations and procedures done in the rooms, are payable directly, on the day of service.
- The cost of these procedures will vary – an estimate can be provided beforehand on request.

- All consumables used during consultations will be charged for and are payable on the day of service.
- Following a procedure, there will be no charge for routine follow up appointments and you will only be billed for consumables used.
- If however, a complication or new clinical condition arises, this will be charged accordingly.
- You will be issued with a receipt, which you may use to claim from your Medical Aid, which will reimburse you according to your choice of plan.

#### In Hospital

- Before surgery, we will provide you with a quotation, which will be an estimate of the surgeon's fees. This does not include the anaesthetist or hospital fees, which are billed separately.
- The cost estimate is by its very nature an estimate, due to the unexpected nature of healthcare.
- It is important to note that during surgery, interventions or actions may arise which necessitate different or additional procedures to those displayed in your estimate or quotation.
- If this does occur, we will adjust the claim or estimate/invoice accordingly.
- Prof Sofianos will always exercise his best professional judgment in making these decisions, which he deems necessary and in the best interests of you, his patient.
- Where you are treated for an emergency PMB condition in-hospital, we will do our best to motivate for full payment from the medical scheme on your behalf.
- BMI (Body Mass Index) greater than 35 will be additionally charged for as it increases the risk of the procedure.

#### Outstanding accounts

- All outstanding accounts must be paid in full within 30 days from date of service.
- The practice may make use of text messages, Whatsapp messages, emails, post and phone calls to inform you of outstanding accounts. You undertake to enquire about your account should you not receive one.
- It often happens that the medical scheme pays the patient and then the patient has to pay the Practice; the patient is then responsible to pay their account at the Practice within 3 days of the money being deposited into his/her account. Any failure to do so, will result in the Practice taking the appropriate steps to recover this money and associated fees of such recovery.

#### Aesthetic Procedures

- Aesthetic surgery procedures are not covered by medical aid and you will not be able to claim these from any health insurance.
- Payment for aesthetic / cosmetic surgical procedures must be made in full at least 14 days prior to the procedure date.
- I accept that if I choose to cancel 48 hours or less prior to the planned procedure date, it will result in forfeit of the complete cost of the procedure with no refund of any part thereof.

## FINANCIAL CONSENT

- I accept that I am fully responsible for the payment of services rendered and undertake to pay all 'out of hospital' consultations and procedures immediately, and to settle all other statements on receipt thereof.
- I understand that should I not pay timeously; I will be liable for Debt recovery costs including interest and a monthly service fee, as well as all legal costs incurred, on an attorney/client scale.
- Furthermore, I understand that if my account is outstanding for longer than 90 days, I will be listed as a bad payer on ITC.
- I understand that the fact that the practice may submit a claim to the medical aid scheme, Compensation Commissioner, Road Accident Fund or an Insurer, will not in any way relieve me of my liability as aforesaid.

## APPOINTMENTS

- The Practice will at all times endeavour to run on-time, however certain instances may require that the doctor see a patient for a longer appointment than booked or an emergency requires the doctor to leave the Practice or to arrive late.
- In the instance where the doctor is running late, the Practice will endeavour to contact you and inform you of the delay. You do however understand that this is not always possible.
- Appointments are booked at the Practice at 30-minute intervals; in the event that you think you may need a longer appointment than this, kindly inform us when booking your appointment.
- Please note that the Practice does not offer any consultations via telephone, text, WhatsApp or email. In the case of an emergency, please proceed to the nearest emergency room.
- It is your responsibility to phone the practice to book a follow-up consultation after any procedures.

## CONSENT TO TREATMENT

- I consent to treatment by Prof Sofianos. Should I have any questions or uncertainties regarding a planned procedure or treatment, I have the right to ask Prof Sofianos to provide me with further information.
- This may include
  - Diagnosis and prognosis (including prognosis if the condition is left untreated)
  - Different treatment options available (including no treatment)
  - Common and/or serious complications
  - The benefits and/or risks of treatment
- I understand that I have the right to seek a second opinion at any time.

## RISK OF CLINICAL COMPLICATIONS

- Whilst the Practice and its doctors will do their best to ensure a satisfactory outcome with regards to your healthcare, no clinical procedure or treatment is entirely risk-free, and the results of any particular treatment cannot be guaranteed. If you have any concerns or queries you should discuss these with the doctor.
- You confirm and understand that your own behaviour and participation in your (or that of a child or dependant) healthcare will also impact the outcome of any treatment or procedure.
- In the event that you do not follow the instructions of your doctor, you undertake to not hold the Practice and its staff liable for any negative consequence.
- Please note that the Practice reserves their rights to refer you to another Healthcare Professional should you not follow the express instructions of your doctor.
- Any complications requiring treatment will be charged for separately, and are not included in the initial procedure price.

## COMPLAINTS AND COMPLIMENTS PROCESS

- The practice would like to hear should you have any compliments, complaints or concerns with regards to any issue or your experience at the Practice.
- The Practice aims to ensure that all complaints and concerns are addressed appropriately and expeditiously. Should you have any complaint or concern with regards to the Practice or the doctor who treated you, kindly address such concerns or complaint in writing via email to the practice at [info@cs.surgery](mailto:info@cs.surgery). This will then urgently be addressed.
- In the event that you would like to meet with the Practice to discuss any complaint or concern, the Practice welcomes this engagement.
- The practice urges all persons to use this avenue before taking any action at any external entity.

I confirm that the information I have given on any forms is true and correct. I have read and understood the terms and conditions above and agree to the patient undertaking. I will notify the practice of any changes to my medical aid or contact details before proceeding with any further consultations or procedures. I understand that I am financially responsible for all payments due.

## CONFIDENTIALITY

- At the Practice we respect the confidentiality of all of our patients. We will treat all information provided to us by you as confidential and, will not disclose any such information to any person without your express written consent or as otherwise required by law.
- If a family member or third party requests your healthcare information, the Practice will only release such information with your written consent. In the event that the Practice is contacted by a family member or third party to request your healthcare information, you will be notified and requested to confirm in writing that they may have access.
- Special cases exist where the law compels us to disclose your personal information and by agreeing to our services, you acknowledge that the practice is hereby authorised to disclose when required by law, as well as to the medical scheme, Compensation Commissioner, Road Accident Fund or Insurer or any individual or company to whom a claim is submitted in relation to amounts payable to the practice, full details as to the nature, diagnosis, condition or treatment of the patient.
- Please note that some medical schemes provide all information on all the dependants on a scheme to the main member.
- In certain instances, the Practice will need to discuss your health status, and/or share photographs with referring healthcare professionals or others involved in your care.
- The Practice will disclose clinical details to your referring practitioner.
- Please note that a staff member of the Practice may contact you with regards to test results where no engagement with the doctor is required. Please inform the Practice should you not want to be contacted by a staff member.
- You hereby acknowledge and agree, in line with the provisions of section 15(1) of the National Health Act, that the practice and its staff may, if you are/were admitted to hospital or under the care of this practice, access your hospital records and/or the records of any other health care professional simultaneously involved in your care, when such access is in your best interest by assisting the care you receive and/or appropriate billing thereof and only for periods when you will be or have been under the care of this practice and its staff.
- To render a complete and effective service, Prof Sofianos and his staff will collect and retain photographs and videos to document your physical appearance, wounds and/or other body parts as necessary. Different types of devices may be used to collect these photos, including mobile phones, or cameras. These images help assess your unique needs, plan procedures, and ensure the best possible outcomes. All photographs and videos are securely stored in your medical chart, adhering to strict confidentiality and data protection standards and shared as above.

## PATIENTS 12-18 YEARS OLD

- The Children's Act, 2005 allows a child to provide consent to treatment without the consent of their parent or legal guardian (children 12-18 years who understand the implications of the treatment).
- In the event that the Practice treats or consults with your child, you confirm that you understand that, as a parent or legal guardian, you are legally liable to cover the cost of your child's healthcare.
- You also confirm that you understand that prior to any operation on a child, there is a special legal dispensation and forms that must be used and completed.

## SUBSTITUTION

- In the event, during a procedure, it is required that your doctor is required to change the treatment plan as discussed with you, and they are required to substitute a medicine or a device, your doctor will do so and discuss this with you after the procedure.
- Where a prescription is provided by this practice and you are asked by your pharmacist, upon filling the prescription, if you would like to substitute any of the medications prescribed for others such as a generic, please, ask the pharmacist whether such substitution would be in your best interest. Substitution of a drug is only allowed if you are offered a generic drug and not another completely different drug.

## CONCLUSION

- By your signature hereto, you confirm that you have reviewed these terms and conditions, as well as other consent/informations forms, and have been given an opportunity to clarify any and all queries you may have had or to ask questions.
- You understand that these terms and conditions are a contract between yourself and the Practice.
- By your signature hereto you agree to adhere to all the rules of the practice and further that neither you, your family members nor any person associated with you, will harass any staff member of the Practice, including your doctor. In the event that you, your family member or person associated with you harass or threaten any staff member of the Practice you understand that the Practice reserves its rights to terminate its relationship with the patient.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_ ID Nr \_\_\_\_\_