



BILLING POLICY OF THE PRACTICE OF DR VERMEULEN/VAN GREUNEN/VOIGT (referred to as “the practice”)

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. A general fee list of the most common codes we charge is available from reception.
3. Fees may be / are increased on an annual basis and patients will be notified of this in notices at the practice and by email (if appropriate).
4. The practice will provide patients with a price on 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 other factors such as, for example, body weight.
5. In many cases other health facilities, such as hospitals, theatre’s, clinics, other doctors (such as anaesthetists, pathologists, etc.), or other healthcare professionals (physiotherapists, dieticians, occupational therapists, 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](mailto: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-authorization and / or a motivation prior to certain treatments. Pre-authorization 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 90 calendar days, we will give you notice of 7 business days where after we will refer your

account to an attorney. This will attract additional collection- and other fees. We reserve the right to charge interest of 2% per month on overdue accounts.

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

11. In deserving cases, we may reduce our fees to accommodate such patients

12. 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.

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.