katherine tait
PHYSIOTHERAPY

TERMS AND CONDITIONS AGREED TO BY PATIENTS / PARENTS / GUARDIANS

Please ask us, at the practice if you, the patient, do not understand any of the clauses below.

PRICING/FEES AND PAYMENT

1. This Practice bills according to a billing policy. All **Outpatients** are to pay upfront and claim back from their medical aid. We accept cash, credit/debit card, snap scan and EFT (made beforehand and proof of payment submitted timeously). No diners or American Express cards. **Inpatient** accounts will be submitted to the patient's medical aid if they have benefits. If no in-hospital benefits are available, the patient is responsible for the account and payment is as for outpatients.
2. The terms and tariffs applicable to medical scheme patients vary from scheme to scheme, and even from option to option. You have to obtain those details from your scheme. We charge Discovery JSP rates.
3. **Our fees cover your Practice/Hospital visits and any equipment used in the treatment / care.**
4. Our fees are available from reception and it excludes the costs of the hospital (e.g. ward fees), doctors and other therapists involved in your care. You have to discuss their fees with them.
5. Please note that the cost of healthcare sometimes depends on how your body reacts: it may take longer for some patients to recover, and treatment duration will differ according to your needs.
6. **All inpatient accounts must be settled within 30 calendar days of the date on the account. If you have not received an account from us within 30 days, please let the practice know immediately**. It is your responsibility to check if your medical aid has paid.
7. By choosing the Practice, you consent to us submitting the account to your medical scheme (where applicable). This does not mean that the scheme has received the account or accept liability. Please confirm that with them. If you do not want any particular account to be submitted to your medical scheme, please let us know at the time of treatment.
8. Membership (principal member or beneficiary) must be valid at the date of healthcare delivery.
9. **Adults (main members & dependents) remain personally and fully liable to settle the full account, irrespective of whether the scheme gave pre-authorisation, paid you directly (and not us) in full, or not**.
10. If your account is not paid after the 30 calendar days, we will give, in terms of the National Credit Act, notice of 20 working days and if you fail to settle the account within 10 days, we will undertake debt collection processes. **This may result in you having a bad credit record.** We will charge the maximum amount of 2% interest per month on all outstanding accounts. You will be responsible for all costs relating to the debt collecting.
11. If you feel that your medical scheme should have paid in full, you can lay a complaint at the Council for Medical Schemes by fax: (012) 431-0608 or at this email address: complaints@medicalschemes.com.

SCHEME INVESTIGATIONS

12. In some cases, your medical scheme may differ in its interpretation as to the coding we use, or as to whether our services are needed or not. In those cases, we may require of you to pay us directly and claim from your scheme, or require your co-operation to answer their queries.

ON TIME OF PERFORMANCE OF SERVICE

13. Although we will do our best to render services at agreed times, legitimate circumstances could prevent this. By agreeing to our services, you agree to this uncertainty. We will, if possible, inform you if we run late.
14. If you do not keep an appointment, and do not inform us within 6 hours, we will bill you for that session, as set out in the personal information form you have signed, as we would be unable to fill that slot.

COMMUNICATION WITH THE PRACTICES

15. We do accept communication by via phone, email and whats app. We do not accept communication via social media. Please call us for urgent matters. If you need urgent assistance or advice outside of our office hours, please go to the nearest emergency room.

COMPLAINTS & CONCERNS

16. The practice aims to ensure that all complaints and concerns are addressed appropriately and expeditiously. Please use the practice's complaints policy and form. The practice urges all persons to use this avenue before taking any action at any external entity.

CONFIDENTIALITY

17. This document constitutes a contractual agreement by the practice to protect all personal information.
18. We will use your information only in relation to your healthcare.

19. **We can only release information with your <u>written</u> consent**, even if a family member requests the information. This applies to all persons 12 years or older.
20. The law compels us to disclose your personal information in the following situations:
    20.1. To your medical scheme: a diagnostic code and details of the treatment, so that the scheme can evaluate whether it falls within your benefits.
    20.2. To the Compensation Commission / Road Accident Fund: full claims information.
    20.3. To other healthcare professionals: Information that is necessary and in your best interest in terms of the National Health Act.
21. Some medical schemes provide all information to the principal (main) member. We are not liable for any personal information disclosed as a result of your medical scheme's disclosures.

PURPOSE AND NATURE OF HEALTHCARE

22. You confirm that you understand that in healthcare results cannot be guaranteed. Results also depend on how one's body reacts to the treatment and **whether you follow instructions** (e.g. on exercises or lifestyle). You agree to follow the instructions provided to you. If you do not do this, you undertake to not hold the Practice and its staff liable for any negative consequence.

CHILDREN AND HEALTHCARE

23. **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**, even where the Children's Act allows the child to provide consent to treatment without parental consent (12 to 18-year old's).

EQUIPMENT

24. In the interest of health and hygiene we may be prevented from taking back and refunding certain equipment.

PATIENT / CLIENT / CONSUMER DUTIES (NATIONAL HEALTH ACT, 2003)

25. You must adhere to the **rules of the Practice and any instructions** given to you by staff or healthcare professionals.
26. You have the right to **ask questions** and to have them answered. If you do not ask any questions, we will assume that you have understood everything and are fine with everything.
27. You and/or your family or other persons that come to the Practice should not harass the healthcare professionals and staff. They must be treated with respect. If not, we are allowed by law to refuse to treat- or to continue to treat you or your children. In such cases we will refer you to another Practice.

[No need for signatures if patient info form is signed with a declaration that patient has seen, understood and agreed to these terms]