

**CONSENT TO FEES BEING CHARGED BY THIS PRACTICE**

I, the undersigned, do hereby

* Acknowledge that I have been informed that this practice does not charge the rate that department of Health has unilaterally determined for doctors and which is known as Reference Price List (RPL).
* Confirm that I am aware that this practice fees can be up to 3x the RPL.
* This Practice charges Discovery Premier B Rate.
* Consultations will be charged at **R652.60.**
* In Hospital consultations and Procedures billed at Discovery Premier B rate.
* Patient is liable for a co payment which is determined by the insured rate for each plan and medical aid. An estimate amount will be provided on request.
* Accounts need to be settled within 30-days. We reserve the right to charge 2% interest as well as a R65 service fee per month on overdue accounts.

We have payment arrangements with all Discovery administrated Medical Schemes (Excluding Keycare Options), as well as Fedhealth and Polmed Medical Schemes.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_