



Mediclinic Cape Town
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BILLING POLICY

This Practice values its patients and would like to ensure complete transparency regarding the patients possible medical costs when involved with the practice.

The Practice will endeavour to provide you with a cost estimate for any procedure or treatment which is to be undertaken by a doctor of the Practice. The cost estimate is by its very nature an estimate, this is due to the unexpected nature of healthcare. Where the Practice becomes aware that the cost estimate is incorrect or the estimated costs have been exceeded, the Practice will inform you of this in a timeous manner.

The Practice submits claims 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 of the account or all of the account.

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.

It remains the patient's responsibility to read his/her medical scheme rules. The terms and tariffs applicable to medical scheme patients vary from scheme to scheme, and even from option to option (plan to plan). You have to 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 I accept responsibility for any co- payment resulting from the difference between these

two amounts. If you are unhappy with the amount which your medical scheme will cover for a certain procedure, you may lodge a complaint at the Council for Medical Schemes complaints@medicalschemes.com.

It is the patient's responsibility to acquire an authorization number from their medical scheme for consultations at the practice and hospital admissions. Please remember that according to the medical schemes an authorization number is not a guarantee of payment, your medical aid might choose to honour all, part or none of your final account whereby you as the patient will be responsible.

All outstanding accounts must be paid in full within 30 days from date of service. The Practice reserves the right to charge interest and a service fee on accounts older than 30 days. Should it be required that the Practice needs to hand your outstanding account to their Attorneys for debt recovery purposes, you will be liable for all fees associated with the debt recovery.

We make use of text 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. In failure to do so, will result in the Practice taking the appropriate steps to recover this money.