

Dear Patient,

On the following pages you will find important information relating to the codes and costs of the planned surgery, as well as information required by your medical aid or insurer.

Codes and Cost of Procedure

The following surgical codes will apply to Dr Goncalves' account. Additional codes may be added or used in place of these codes should Dr Goncalves need to adjust his surgical approach at the time of surgery.

1. There is **no longer a contracted in tariff** for medical services. Each individual medical insurer determines a rate at which a specific service or procedure will be settled.
2. Likewise, each medical practitioner has to determine the rate at which he/she bills for procedures. We charge according to the Classic Discovery rate.
3. This may result in you having to make a co-payment to settle the account in full.
4. The values listed are based on the **information available to us**. Please speak to your funder or insurer **before the operation** to verify exactly how much the fund will contribute to your costs.
5. Avoid having to deal with unanticipated co-payments after the surgery. Find out exactly what the fund is going to pay for each Procedure Code.
6. The practice will send the surgical account to your medical aid electronically and a copy will be forwarded to the address provided on the Patient Information form.
7. Please do not hesitate to raise any questions or concerns that you may have relating to either the billing policy or the information provided on the following pages.
- 8. Please read page 4 carefully** before signing and returning it to the practice **ahead of the surgery**.
9. Please note that the post-operative consultations (within 30 days of surgery) are included in the initial surgery quote. After 30 days, patients may have to pay a consultation fee for future visits.

Yours sincerely

Dr Nicholas Goncalves

Signature _____

IMPORTANT PRE-SURGERY INFORMATION

AUTHORIZATION FOR SURGERY

- Acquiring authorization for surgery is your responsibility.
- Call your medical aid/insurer **ahead** of the surgical date and apply for your authorization number. Establish exactly what they will and will not cover so that you know whether you are liable for any co-payments. Find out whether you have gap cover.

ANTI-COAGULANT THERAPY

- Are you using anti-coagulant therapy e.g. Warfarin; Disprin; Grandpa powders; Ecotrin?
- Anti-coagulant therapy **must be stopped ahead of surgery**. Please discuss with Dr Goncalves when you should stop your medication to avoid having to postpone your surgical date. Aspirin must be stopped at least 10 days prior to your surgery.

ADMISSION TO HOSPITAL

- To facilitate a smooth admission to hospital on the day of the surgery, please **complete the Hospital Pre-Admissions form**. You can fax or email it to us.

MEDICATION

Please provide Dr Goncalves with a list of **ALL** the medications that you are currently using. This list should include all prescription medication, over the counter medication, homeopathic medication, and other natural remedies.

GENERAL HEALTH

Prof Lubbe will **NOT** proceed with surgery unless you are 100% healthy. If in the run up to your surgery you develop a cold or flu-like symptoms, or you require a course of antibiotics for an infection, please contact our rooms.

ACCOUNTS

- Every practitioner involved in your management will render an independent account.
- The information setting out codes and tariffs on page 1 applies only to Dr Goncalves' account.

VERY IMPORTANT

You should not have anything to eat for at least 6 hours prior to your surgery. A bit of water or apple juice can be taken up to 4 hours prior to your surgery. For patients undergoing surgery on a Monday, the last meal should therefore be on the Sunday evening no later than 10 pm with liquids up to 4 am if needed.

Signature _____

INFORMATION REQUIRED BY MEDICAL AIDS

Information required by medical aids for application for authorisation for surgery:

Operation: _____

Patient: _____

Medical Aid: _____

Membership No: _____

ICD-10 Codes: _____

BMI (weight-kg height): _____

Date of operation: _____

Date of admission: _____

Time of admission: _____

Surgeon: Dr Nicholas Goncalves
Tel no: 021-422-0270
Practice no: 0150177

Procedure codes: _____

Hospitalisation: Cape Town Mediclinic
Tel no : 021-422-0270
Practice no : 5808995

Anaesthetist: Dr William Lee

Signature _____

Please sign all 4 pages and fax or email them back to:

Fax no: 086 244 6906

Email: drnicgoncalves@gmail.co.za

I, _____ hereby confirm that –

1. I have read and I fully understand the letter setting out the surgical codes and the fees for my proposed surgery.
- 2.1 The surgical procedure has been explained to me.
- 2.2 I am satisfied that I have had an opportunity to ask questions relating to the operation.
- 2.3 I understand both the potential benefits and the risks of undergoing this operation and wish to proceed with the operation on the
_____/_____/_____ [insert date of the procedure].
- 3.1 I understand and I accept that I am responsible for ensuring that the accounts related to the operation are settled in full.
- 3.2 I accept full responsibility for any fees not paid by my medical aid or insurer.

Please print name

Signature