



South African Society of Anaesthesiologists, Acacia Branch



www.gseven.co.za

REKENING / ACCOUNT

Please read and complete this agreement between the anaesthesiologist and patient.

**IMPORTANT PATIENT INFORMATION**

- I understand that no one can guarantee an incident free anaesthetic.
- I understand that there are equipment and theatre staff supplied by the hospital which cannot be guaranteed by the anaesthesiologist.
- I agree not to drink alcohol, drive a car, or operate any dangerous equipment, make important decisions or sign contracts for 24 hours after recovering from anaesthesia.
- I agree to allow my personal data to be forwarded to the relevant organizations as required by law and to allow anonymous data of a clinical and practice management nature, to be collected to help to improve the patients healthcare experience.
- I understand that the old RPL (Referenced Price List) is currently illegal. Judgement on the court case was delivered on the 28th July 2010 and can be summarized as follows: "The RPL used by medical schemes to determine the rate at which they will reimburse healthcare providers were declared null and void. This ruling is applicable to the 2008 & 2009 RPL and is retrospective. Acting Judge Piet Ebersohn found the process by which the rates were determined to be unfair, unlawful, unreasonable and irrational. The judge said the process had resulted in tariffs that were 'unreasonably low' - one of the reasons cited for the exodus of doctors from this country."
- I understand that medical schemes have their own scheme specific reimbursement tariffs that moved away from an industry related increase.
- I understand that it is my responsibility to familiarize myself with my medical scheme's specific reimbursement tariff and to find out what is the professional fee charged by the individual anaesthetic practice.
- I understand that there no longer exists a term as "contracted in tariffs in the medical industry."
- I understand that although care and treatment for PMB (Prescribed Minimum Benefits) conditions have to be covered by medical schemes according to the Council for Medical Schemes, the patient remains responsible to reimburse service providers if their medical aid did not reimburse the claim in full.
- I understand that this account is rendered completely independent from the accounts by the hospital and surgeon.
- I understand that I am personally responsible for payment of this account and not my medical funder. That the fees will be charged in accordance with the Healthcare professional specific reimbursement rate and my medical fund will not cover the full amount of my account. I understand that I will be responsible for the settlement of the difference between the practice tariff and my scheme specific tariff as well as procedure codes not covered by my medical scheme.
- I understand that mora interest may be charged on accounts that have not been settled in full within 60 days.
- I agree that I have chosen the address on the overleaf as my domicilium citandi et executandi address for all purposes of this agreement. I also acknowledge responsibility to inform the anaesthetic practice in writing of any change of address that may incur since the date of treatment.
- I understand that if my account has been handed over for collection, that I will be liable for any monies in arrears as well as all legal costs on attorney and client scale, collection charges, tracing fees and VAT where applicable.
- I acknowledge that it is my responsibility to contact the relevant account department to settle my account, and in the event where I haven't received an account within 30 days after my surgery, it remains my responsibility to enquire at the relevant account department.
- Please note that patients who belong to Fedhealth and Discovery Classic and Executive options are excluded from any co-payments levied by this practice due to our current formal payment arrangement with these medical aids.

**GROUP 7 PRACTICE FEE: Classic Discovery Health Rates (204%)**

Account enquiries: www.gseven.co.za

Practice coordinator and billing consultant: Christell Brits Tel: 079 657 1812  
info@analgesia.co.za • accounts@analgesia.co.za

Bank account detail for Group seven: Dr JC Brand, FNB, 6239 5278 552, Branch 252 645

**PLEASE SIGN HERE:**

Full names: \_\_\_\_\_ ID nr: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed: \_\_\_\_\_ I have read, understood and agree to the conditions mentioned above. I hereby give permission for anaesthesia on myself/my dependent.

Preop:		E	
kg	P	EKG	CXR
ASA:			
Bloed:			
Rx			
Tyd			
PENT	DIPR	HYPN	DORM
PAV	ALOFF	NMB	ESM
MIVA	SCOL	TRAC	NORC
SUB	SUF	RAP	
ATROB		ROB	
NEOST			
Type monitor:			
		200	
H	E	I	S
	O	N	RAE
Buis:	LM	DLT	PVC
No:			150
Ventilator:			
Sisteem	A	D	E
F102:	Mv		ADE
Vt	f		S
Posisie:	L	R	M
Tande	Oë	RG	TRD
Drukpunte	Oxim		100
EKG	Artlm		
NIBP	PAP		
SVD	Kapno		50
Temp	CVP/PAP		
Lugfilter	SPO2		
Keelpak	PECO2		
Postop	Kristall		
Wakker	Kolloid		
Ekstrib	Slaap		
Koepelig	Intub		
F102	TOF		
BP	SPO2		
Saal	P		
PCA	ISE		
	Temp		

MEDIËSE GESKIEDENIS/ MEDICAL HISTORY		
Het die pasiënt die volgende gehad Has the patient had the following	Ja/Nee Yes/No	Besonderhede Details
Vorige narkose (indien wel, wanneer) Previous anaesthetics (if, when)		
Probleme met vorige narkose? (besonderhede) Problems with previous anaesthetics? (details)		
Enige familielid met narkoseprobleme (wat?) Any family member with anaesthetic problems (what?)		
Allergie / vreemde reaksie op medisyne (watter?) Allergy / unusual reaction to medicines (which?)		
Neem u enige medikasie / pille? (name) Are you taking any medication / pills? (names)		
Kortisonbehandeling in die afgelope 12 maande? Cortisone treatment in the past 12 months?		
Hartsiekte (bv. Borskaspyln, hartaanval, rumatiekkoors) Heart disease (e.g. Chest pain, heart attack, rheumatic fever)		
Hoë bloeddruk High blood pressure		
Asma, brongitis, emfiseem Asthma, bronchitis, emphysema		
Onlangse verkoue, hoes of griep Recent cold, cough or flu		
Suikersiekte of sklidklier probleme Diabetes of thyroid problems		
Geelsug of hepatitis (indien wel, wanneer?) Jaundice or hepatitis (if so, when?)		
Nier- of blaassiekte Kidney or bladder disease		
Spierswakheid of beroerte Muscle weakness or stroke		
Bloei of kneus maklik Tendency to bleed or bruise		
Vorige trombose of embolisme (bene/longe?) Previous thrombosis or embolism (legs/lungs?)		
Epileptiese aanvalle of floutes van enige soort Epileptic convulsions or blackouts of any sort		
Porfirie, maligne hipertermie of scolone apnee Porphyria, malignant hyperthermia or scolone apnoea		
Vals, los of gekroonde tande (indien wel, waar?) False, loose or crowned teeth (if so, where?)		
Is u swanger? (indien wel, hoe ver?) Are you pregnant? (if so, how long?)		
Rook u? (indien wel, hoeveel per dag?) Do you smoke? (if so, how many per day?)		
Alkohol verbruik Alcohol consumption		
Gebruik u enige kruie-medisyne? Do you use any herbal medicine?		
Wanneer laas het u geëet en/of gedrink? When did you last eat and/or drink?	Tyd: Time:	
Is daar enigiets anders wat u anaesthesioloog behoort te weet Is there anything else your anaesthetist should know		
Gewig: Weight:	Lengte: Height:	

G7 Specialist: _____						
PERSOONLIKE BESONDERHEDE / PERSONAL DETAILS						
Pasiënt Patient	Van: Surname:			Geb. datum Birth date:		
	Voorname: First name:			Titel: Title:		
Rekeninghouer Account holder	Mediese fonds: Medical aid:		Opsie/plan: Option/plan:		Nommer: Number:	
	Magtigings no: Authorization nr:		AFR R	ENG	Gap Cover: No:	Yes No
	Van: Surname:			Voorletters: Initials:		
	Posadres: Postal address:					Poskode: Postal code:
	E-pos: E-mail:					
	ID no: ID nr:		Sel: Cel:			
	Tel huis: Tel home:		Tel werk: Tel work:		Faks no: Fax nr:	
	Woonadres: Res. Address:		Werkgewer: Employer:			
	Familie/vriend: Family/friend:		Adres: Address:		Tel:	
	B.A.D./I.O.D. Eis no/Claim nr:		Datum van besering: Date of injury:		Werkgewer reg no: Employer reg nr:	
AMPTELIKE GEBRUIK / OFFICIAL USE						
Hospitaal:			Datum:			
Chirurg:			0018	0144	0146	
Prosedure:			0147	0151	0011	
Narkosetyd: van: tot:			Kode:			
ICD10:						
<b>PLAKKER</b>				0109	1204	
				0023	1212	
				0028	1215	
				0030	1216	
				0032	1218	
				0034	1220	
				0038	1221	
				0039	2800	
				0042	2801	
				0043	2802	