



## ORTHOPAEDIC SURGEON

CELL 084 443 7326 ■ MAIL [reception@danielnunes.co.za](mailto:reception@danielnunes.co.za)

### **CONSULTATION and OPERATION CHARGES**

*This practice charges S A M A (private) rates. Your Medical Aid may only pay 33% of your account, the balance being your responsibility even though authorisation has been given by your medical aid.*

*When booking your procedure, please check with your Medical Aid as to their rates so that you will be fully aware of the extent of your co-payment.*

*I hereby give authorisation that my data may be used in research and presentation.*

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

*I, the undersigned, do hereby:*

- Acknowledge that I have been informed that this practice does not charge the rates that the Department of Health has unilaterally determined for doctors and which are known as the Reference Price List (RPL)*
- Confirm that I am aware that this practice fees are charged at up to 3 times the RPL*
- Confirm that I am aware that the RPL values for services are available from the Department of Health (Tel 012 312 0000) and the Health Professions Council of South Africa (Tel 012 338 9300) and [www.doh.gov.za](http://www.doh.gov.za)*
- Accept that I am fully responsible for payment for services rendered and should I not pay timeously, understand that I will be liable for Debt recovery costs on an attorney and own client scale.*
- I am aware that cost of X-rays, blood test etc. are not part of Dr Nunes account.*
- I am aware that I am fully responsible for payment of R600.00 upfront for any additional correspondence forms for insurance, Medical Aids and Extraction of Records etc. that Dr Nunes needs to complete and send the relevant parties.*
- we are committed to protecting your/the patient's privacy and to ensure that your/the patient's personal information is collected and used properly, lawfully, and transparently in accordance with the Protection of Personal Information Act 4 of 2013 ("POPIA").*
- In order to execute the patient's treatment plan, it may be necessary to share your/the patient's information with medical colleagues to whom the patient may be referred by Dr Nunes as per the treatment plan.*



MORNINGSIDE MEDI CLINIC  
Suit 106 Hill Road, Sandton  
011 883 1719

HYPERLIFE MEDICAL CENTRE  
80 Van Bergen St, Brackenhurst, Alberton, 1448  
010 020 5050

PRACTICE NO . 0812498



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- *I, therefore, consent to the practice giving relevant information relating to the patient's medical condition and treatment, including the disclosure of ICD10 codes to classify their medical condition and treatment, to medical colleagues, administrative staff, as well as medical aids and GAP companies.*
- *Any queries regarding the above can be discussed with Dr Nunes.*

*I HAVE READ AND UNDERSTAND THE ABOVE*

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PATIENT SIGNATURE

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NAME

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DATE



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