DR FRANCOIS SWART
NEUROSURGEON
MBChB DA DipPeC M Med
PR No: 0451118
MP No: 0450014

Practice Information and Patient Agreement

1. Welcome & Introduction

Welcome to the neurosurgery practice of Dr Francois Swart Inc. Our goal is to provide you with excellent clinical care. This document helps us manage the administrative and financial aspects of that care transparently, so we can all focus on your health.

This document outlines our practice policies and important information regarding your care, personal information, and financial responsibilities. Please read it carefully. You will be asked to sign a separate "Patient Contract" form confirming you have read, understood, and agreed to these terms, which form a binding agreement between you (the patient and/or guarantor) and Dr Francois Swart Inc.

Summary of Your Key Responsibilities

- **You are fully responsible for the payment of your account,** regardless of your medical aid coverage or any GAP cover.
- **Consultation fees** are payable on the day of your service.
- **It is your responsibility** to confirm your medical aid benefits, pre-authorisation status, and (especially) any **prosthesis (implant) limits** *before* a procedure.
- **Pre-authorisation is not a guarantee of payment** by your medical aid.

2. Your Healthcare and Informed Consent

Your health is our priority.

- **Informed Consent:** Detailed informed consent documents for procedures are available from our staff. It is important that you understand the proposed procedure, including its potential risks and limitations, before you consent.
- **Right to Withdraw/Refuse:** You have the right to withdraw your consent in writing at any time before treatment begins or to refuse medical care.

2.1. Recording of Consultations for Accuracy

To ensure medico-legal accuracy and maintain a complete record of our discussion, **audio recordings** of consultations may be made. These recordings are treated as part of your confidential patient file and are strictly protected.

You have the right to refuse this recording. Please inform our staff or Dr. Swart *before* your consultation begins if you do not consent to be recorded.

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3. Understanding Your Medical Aid Cover

Medical aid plans vary significantly. **Understanding the specific details of your plan is your responsibility.**

Please be aware of the following:

- Benefits, co-payments, annual limits, and waiting periods.
- Restrictions (e.g., on specific medicines, procedures, or hospital choices).
- **Prosthesis (implant) limits** – these can be very costly items.
- Exclusions (items or conditions not covered).
- Available funds in your medical savings account (if applicable).
- Preferred providers or Designated Service Providers (DSPs) required by your scheme.
- Ensure your membership is valid and premiums are up to date.

Designated Service Providers (DSPs): If your plan requires you to use specific DSPs, choosing a non-DSP provider like our practice might result in additional costs or different coverage levels, for which you will be responsible.

Clinical Independence: While we work with medical aids, Dr. Swart's treatment recommendations are based on his professional clinical judgment. If your medical aid intervenes and overrides Dr. Swart's recommended approach, this practice cannot accept responsibility for any resulting adverse outcomes.

4. Billing Policy and Payment Responsibility

- **Practice Fees:** This practice sets its own fees, which may differ from the amount your medical aid scheme is willing to reimburse (the 'scheme rate'). You can ask our staff if we have a specific payment arrangement with your scheme.
- **Patient Responsibility:** You, the patient (or guardian/guarantor), are **ultimately responsible for the full payment of the account,** regardless of medical aid coverage or third-party insurance (e.g., GAP cover).
- **Direct Claims:** The practice may claim directly from you or your medical aid.
- **Invoices:** We will provide you with a detailed invoice. If you do not receive your account within 2 weeks of service, please contact our office to ensure we have your correct details.
- **Compliance:** Our billing complies with the National Credit Act, the Consumer Protection Act, the Medical Schemes Act, and HPCSA guidelines.

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Fee Structure (Payable on Day of Service)
(Unless a specific negotiated rate applies with your scheme)

- **First Consultation (Code 0192):** R3500.00
- **Follow-up Consultation (Code 0190):** R1500.00
- **New Problem (or >5 years since last visit):** Charged as a First Consultation (Code 0192).
- **Repeat Prescription (Phone/Email Request) (Code 0132):** R350.00
- **Email Correspondence (Code 0132):** R350.00 (For brief, minor follow-up questions from existing patients, at Dr. Swart's discretion).

A Note on Communication: To ensure service excellence and good record-keeping, Dr. Swart does not conduct *detailed clinical consultations* or manage *new, complex problems* via telephone or WhatsApp. Please reserve WhatsApp communication for administrative queries with our staff. Complex medical issues always require a face-to-face consultation.

In-Hospital Procedures

- Specific estimates will be provided in advance, on request.
- Any **co-payment** required by your medical aid is payable on or before the date of the procedure.
- Any **outstanding balance** (difference between practice fee and medical aid rate) is also payable on or before the date of the procedure.
- The practice will submit the full account to your medical aid, reflecting any payments already made by you.

Procedures in Radiology (e.g., Injections/Infiltrations)

- These are often treated as 'out-of-hospital' benefits by medical aids (paid from savings).
- Please confirm authorisation directly with your medical aid.
- We request settlement of Dr. Swart's account on the day of treatment at our consulting rooms. You can then submit our paid invoice to your medical aid for reimbursement.

Reports, Forms, and Applications (Payable on Service)

- **Motivational/General Letters (Code 0133):** Approx. R300.00
- **Chronic Medication Applications (Code 0199):** Approx. R900.00

Cintocare Hospital, 175 Frikkie de Beer Street, Room 12 Level 5, Menlyn Maine, Pretoria East, 0181
Tel: 012 945 3028 / 3029 • Fax: 086 500 2065 • Emergency: 012 333 6000 • Email: drFswart@outlook.com • www.drfs.co.za

- **Specific Insurance/Medical Aid Forms (e.g., A4101):** Approx. R800.00 or as quoted

- **Medico-Legal / RAF / Complex Reports:** An individual quotation will be provided.

Payment Terms & Overdue Accounts

- **Direct Payments from Insurers:** If your medical aid or GAP cover provider pays you directly for services rendered by Dr. Swart, you **must transfer the exact amount received to this practice immediately**. Failure to transfer these funds may be reported to the relevant insurer, potentially impacting your future coverage.

- **Debt Collection:** Accounts outstanding for more than 60 days will be handed over for legal collection. You consent to the practice checking your credit information and passing necessary details to debt collectors. Associated collection costs may be charged as permitted by law.

5. Pre-Authorisations for Hospital Procedures

Our practice staff may assist you in obtaining pre-authorisation from your medical aid as a courtesy. However, **it remains your responsibility to:**

- Ensure the admission and procedure are **fully authorised**.

- Confirm that the planned treatment, including specific **prostheses (implants)**, is covered.

- Understand and arrange payment for any **co-payments, shortfalls, or non-covered costs** *before* the treatment date.

Remember: Pre-authorisation is not a guarantee of payment. Payment is subject to scheme rules and available benefits at the time of claim processing.

- **Letters of motivation: Please note that some medical schemes require letters of motivation for certain surgeries. A separate charge will be levied for the time taken to generate these letters.**

6. Medications and Sick Leave

- **Medications:** Please inform Dr. Swart of ALL medications, vitamins, and supplements (including over-the-counter products) you are currently taking at every consultation. Contact Dr. Swart immediately if you experience any side effects from prescribed medication.

- **Sick Leave Certificates:** These will only be issued if medically justified. Please be aware that the certificate may need to state your diagnosis for your employer.

7. Confidentiality and Disclosure of Information

- **Confidentiality:** Your medical information is treated as strictly confidential.

- **Required Disclosures:** We submit diagnosis codes (ICD-10) to medical schemes and third parties as required to process accounts or referrals. If you do **not** wish for your specific diagnosis to be disclosed, please inform us **in writing**. Please be aware that non-disclosure may result in your medical aid refusing payment.

- **Permitted Disclosures:** Your information may be shared with third parties where necessary for your care or required by law (e.g., credit bureaus for debt collection, other healthcare providers involved in your care like referring doctors or therapists). By engaging with the practice, you consent to disclosures necessary for your treatment management (e.g., sharing information with your referring doctor, providing updates to designated family members during hospital stays unless you instruct otherwise).

- **Electronic Communication:** Unless you notify us otherwise in writing, we may use email or WhatsApp for *administrative* communication (e.g., appointment reminders) or to share results *if you have specifically agreed to this.*

- **Withdrawal of Consent:** You can withdraw consent for specific disclosures at any time by notifying us in writing. Please be aware that this may negatively impact aspects of your care coordination or insurance claims.

8. Patient Declaration and Agreement

By signing the separate **"Patient Contract"** form, you declare that:

1. You understand that **payment for all services rendered remains your responsibility**.
2. You understand it is your responsibility to ask questions and clarify any uncertainty about your treatment plan or your account.
3. You have read and fully understood this "Practice Information and Patient Agreement" document.
4. All information you have provided to this practice is true and correct.
5. You accept the continuing obligation to inform this practice immediately of any changes to your personal details, contact information, or medical aid details.
6. You acknowledge that you are legally bound by the terms outlined in this document.