



CONSENT FOR ANAESTHESIA – FORM E

WITH RESPECT TO ANAESTHESIA FOR THE PROCEDURE:

1. I acknowledge that I have received, read and understood the “Anaesthetic information for your operation booklet” as provided by Brink Anaesthesiologists and available at www.brink-inc.co.za.
2. I confirm that the booklet clarifies for me, the risks and complications generally associated with anaesthesia including nerve “blocks”.
3. Should I have any queries as to the purpose or have concerns regarding my particular risk, I will discuss same at my pre-anaesthetic consultation or contact the anaesthesiologist before my surgery.
4. I understand that no one can guarantee an incident-free anaesthetic or procedure.
5. There is equipment and theatre staff supplied by the hospital which/who cannot be guaranteed by the anaesthesiologist. Some drugs/monitors may be required to be used which are considered “off-label” or not funded by my chosen medical insurance.
6. I agree not to drive a car, operate dangerous equipment, make important decisions or sign contracts for 24 hours after the recovery from anaesthesia. I agree not to consume/ drink alcohol during this period or while taking any medication prescribed to me by the anaesthesiologist.
7. Additional risks discussed during the pre-anaesthetic visit:
a. _____ b. _____ c. _____

PAYMENT AGREEMENT

Costs of Anaesthesia are calculated according to established codes and practices governed by the Health Professions Council of South Africa and relevant South African legislation (e.g.: The Health Act, Medical Schemes Act) and:

1. Consists of a **time-based component** dependant on the duration of service provided.
2. Are higher for more difficult or complex surgeries as anaesthesia complexity increases.
3. May include risk/ expertise based **modifiers** including but not limited to anaesthesia associated with bone surgery, obesity, paediatrics, elderly, ICU admission, blood pressure control and emergencies.
4. May include additional procedural costs or costs associated with unanticipated complications.
5. Anaesthetic cost estimates assume average surgical time and average complexity. The final cost inclusive of VAT at 15% may exceed or be lower than the estimated cost provided.

Please take note that your specific Medical Aid Scheme or Medical Insurance Plan may not cover the full anaesthetic fee charged:

To enable us to provide the quality service our patients deserve Brink Anaesthesiologists anaesthetic fees are based on the cost of delivering the service and benchmarked to other professional fees. Our practice fees relate to 300% of NHRPL minimum fees.

- Since 2010 there is no longer a uniform medical aid rate or RPL (Reference Price List) tariff. Based on your monthly contributions your medical scheme might only offer limited benefits which could only be a third of the rate we charge. Some medical aids will however cover our rates in full. You are therefore advised to check what benefits your medical scheme will pay out as you remain responsible for the account.
- You as the patient remain ultimately responsible for your anaesthetic account and we encourage you to consult with your medical aid and anaesthesiologist prior to your hospital admission and pre-operative anaesthetic consultation in order to familiarise yourself with possible short falls with regards to medical aid cover provided and anaesthetic fees charged.

Anaesthetic costs estimates and quotations are available upon request contact (012) 349 0200 x188 or email: brinknar@mweb.co.za

INVOICE AND PAYMENT:

I confirm my understanding:

- That the anaesthesiologist charges for his service independently from the surgeon and hospital.
- Of the calculation of costs as presented above (“Cost Estimate”) and agree to pay the fee determined by the anaesthesiologist according to those calculations. I may obtain a unique formal cost estimate from Brink Anaesthesiologists accounts department on request.
- That the fee is due and payable immediately on completion of service.
- That I am personally responsible for payment and not my medical scheme.
- That medical insurance companies/ medical schemes offer cover at different rates. Dependent on my chosen scheme and plan, I may be reimbursed at between 30% and the full amount of the estimated cost.

- That Brink Anaesthesiologists are not designated service providers (DSP) or “contracted to” any medical insurance companies other than Discovery Health for their Executive and Classic Plans and Fedhealth for their higher plans. Therefore, anaesthesia costs including those for prescribed minimum benefit (PMB) conditions may not be covered in full by my medical insurance.

PAYMENT:

- I agree that interest will be charged in accordance with the National Credit Act under incidental debt up to 2% per month on accounts that have not been settled. I understand that payments on outstanding accounts shall be allocated in order: interest, costs then capital.
- I undertake to pay all legal, debt collection and tracing costs on the attorney and own client scale and charges as stipulated by the Debt Collectors Act 114 of 1998 relating to the recovery of fees outstanding on my account in respect of anaesthetic and other professional services rendered.
- I confirm the nominated postal address or e-mail address is correct for the purpose of receiving an account.
- I hereby choose the nominated address as my DOMICILIUM CITANDI ET EXECUTANDI for all purposes under this agreement and I agree that any notice sent to the nominated address by prepaid registered post or e-mail will be deemed to have been received by me on the third business day after the posting or sending of it. Any notice received by me by any means and at any address will be valid for all legal purposes notwithstanding that it was not sent by registered post or to my DOMICILIUM CITANDI ET EXECUTANDI. Should I wish to change my DOMICILIUMCITANDI ET EXECUTANDI, I will give one week’s prior written notice for such change to become effective.
- I nominate the party listed as “person responsible for payment of the account” as Guarantor who is aware of this responsibility.
- Guarantor particulars are listed herein or on the AIPA Anaesthetic Consent Form or SA Society of Anaesthesiologists Anaesthesia form.
- I understand that a guarantor does not absolve me from my responsibility for payment and that I am personally liable for the account and bound by the terms of this agreement.
- The Parties record that it is not required for this Agreement to be valid and enforceable that a Party shall have its signature of this Agreement verified by a witness.

CONFIDENTIALITY AND PROTECTION OF PERSONAL INFORMATION:

- I agree that personal information collected in terms of this consent is to be utilised for healthcare of the patient, billing and collection of debt as well as processing of queries, complaints or compliments.
- I authorise the release of any clinical information, including my HIV status to any other member of the medical/ paramedical profession responsible for my safety and treatment.
- I agree to allow my personal and clinical information to be shared with other persons or institutions (e.g.: medical scheme) if this is necessary to serve a legitimate purpose within the ordinary course and scope of my anaesthesiologist’s duties, provided such disclosure is in my/ the patient’s interests.
- I understand my personal information is stored in a secure location and is accessible only to third parties with signed confidentiality clauses as part of their employment agreements/ contracts.
- I consent to sharing patient, guardian and guarantor information with the South African Society of Anaesthesiologists CEO and its Private Practice Business and Regulation Business units in the event of a complaint (which information will be kept confidential within the SASA CEO, Private Practice and Regulation business units).
- I consent to the sharing of information on my account with other credit grantors and with the credit bureau.
- I consent to communication with my family/ nominated others with respect to my medical care and medical account.

CONFIRMATION:

1. I have received this consent form and “Anaesthetic information for your operation booklet” timeously. I understand the contents and agree to the complaints/ queries procedure on the stated form.
2. I have had an opportunity to ask questions and obtain further information from my anaesthesiologist regarding this consent, anaesthesia and concerns specific to me and my activities.
3. I have been in possession of the anaesthesiologist’s contact details, and have had an opportunity to contact him to discuss particular concerns regarding anaesthesia and the “Payment agreement” outlined herein before the date of surgery.
4. I consent to communicating with you electronically; I consent to receiving messages from you electronically and agree that any agreement, notice, disclosure or other message transmitted electronically satisfies any legal requirement.
5. POPI Section 18 Practice Privacy Notification is available on request. I have the right to review the Privacy Notification prior to signing this consent.
6. I have no further queries or disputes relating to this consent or the “Payment agreement”.
7. This Agreement incorporates the Anaesthetic Independent Practitioner Association (AIPA) Anaesthetic Consent form or SA Society of Anaesthesiologists Anaesthesia form which shall have the same force and effect as if set out in the body of this agreement.
8. I have read, understood and agree to the contents herein. I confirm that I am 18 years of age or older and the particulars and all information furnished by me are in all respects true and complete.

Name & Surname: _____ **Place:** _____ **Date:** _____
(Patient/ Guardian)

Signature: _____
(Patient/ Guardian)

Signature: _____
(Anaesthesiologist)