DR STEPHAN KLEYN

SPECIALIST ANAESTHESIOLOGIST

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PLACE PATIENT STICKER HERE

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ANAESTHESIA ACCOUNTS AND BILLING INFORMATION

- The fees charged by the anaesthetist are calculated according to established codes and practices governed by the Health Professions Council of South Africa and relevant South African legislation (including the National Health Act and the Medical Schemes Act).
- The anaesthetic account may include: a consultation fee; a time-based fee, additional modifiers depending on procedure complexity (e.g. anatomical location, positioning requirements, patient risk factors), and fees for additional procedures or interventions performed by the anaesthetist.
- The total cost of an anaesthetic depends primarily on procedure complexity and duration of the procedure. As the exact length of a procedure cannot always be predicted in advance, it may not be possible to provide a precise estimate of the final anaesthetic fee beforehand. The cost may therefore increase if the procedure takes longer than anticipated, or if additional procedures, risk factors, or intra-operative complications arise. A cost estimate may be requested prior to the procedure from Precision Medical Solutions (email: estimates7@precisionmed.co.za).
- Medical scheme reimbursement varies depending on your plan and the rules of your medical aid fund. Schemes may reimburse between approximately 33% (Scheme Rate × 100% plans) and 100% (Scheme Rate × 300% plans) of the amount charged. Although the account may be submitted to your medical aid on your behalf, you remain personally responsible for payment of the account.
- You will be held liable for interest and all legal fees that arise from any account that is not paid in full within 60 days.

CONSENT FOR ANAESTHESIA

I confirm that:

1. I have received, read, and understood this anaesthetic information sheet. Should I have any queries about the purpose of the anaesthetic, the technique being used, or have concerns regarding my individual risk, I will discuss these during my pre-anaesthetic consultation or contact the anaesthetist before my surgery.
2. I understand that a qualified Anaesthesiologist (specialist in Anaesthesia) will take responsibility for my peri-operative care to the best of his/her human abilities.
3. I understand that an incident-free anaesthetic is the aim but cannot be guaranteed.
4. I understand that receiving anaesthesia will have certain risks and that no guarantee can be given regarding my individual response to drugs administered during the anaesthetic.
5. I understand that during the procedure, my physical and surgical conditions may alter and require changes in the management of my anaesthesia. This will be done with my safety and wellbeing as the first consideration.
6. I understand that anaesthetic staff and equipment are supplied by the hospital and cannot be guaranteed by the anaesthetist.

PATIENT / LEGAL REPRESENTATIVE NAME _____ | SIGNATURE _____ | DATE ____ / ____ / _____

WITNESS (NOT A FAMILY MEMBER)

WITNESS NAME _____ | SIGNATURE _____ | DATE ____ / ____ / _____

PARENT / GUARDIAN (IF PATIENT IS A MINOR)

PARENT / GUARDIAN NAME _____ | RELATIONSHIP TO PATIENT _____ | SIGNATURE _____ | DATE ____ / ____ / _____

IMPORTANT: Please ensure all relevant medical information is disclosed to your anaesthetist. Withholding information may increase the risks associated with anaesthesia.