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FINANCIAL POLICY AND COST ESTIMATION DOCUMENTS

To be studied by the patient and/or member of the medical aid.

As a result of our consultation, I have prepared the following cost estimation for the operation as discussed. **The anaesthetist and hospital fees are excluded.** Should an assistant be present on the day of surgery, an assistant fee will be added to the account. If you are a member of a medical aid/insurance, this cost estimation must be submitted to your medical aid/insurer before the operation to obtain an authorization number. **This number is not a guarantee of payment**, but merely an acknowledgement that you have notified them of the proposed operation. Please check with your medical insurance whether it covers your hospital/theatre and the anaesthetist's costs.

Due to new legislation and breakdown of negotiations between the Board of Healthcare Funders, (i.e. medical aids/insurers), there are no set tariffs. Your medical insurance/hospital plan may pay a benefit according to its own rules and regulations. This benefit will be paid directly to you or in some instances, settled with my practice. In case of the latter, you will be refunded at my earliest convenience.

The fee structure applied in this cost estimation is calculated according to the degree of difficulty in performing the procedure and the amount of time it may take. Due to the unfortunate situation with the medical insurers, I will require a deposit before any procedure will be performed. All payments must be made directly to this practice and can be done by means of cash, credit card or direct bank deposits. You will be issued with a statement and receipt that can be forwarded to your medical insurance for refunding.

The attached cost estimation must be signed by the person responsible for payment and the original document plus the required deposit must be delivered or faxed to me, (in case of direct deposits), before or on the day of surgery. *Your operation will be re-scheduled or cancelled should the signed guarantee of payment and deposit not be received by me in time.*

The balance of your account must be settled within 30 days after service. If not, *you will receive a final notice, and if there is no response, the statement will be handed over after 60 days to the practice lawyer to institute further legal proceedings.* Also, after 60 days, interest will be charged at 24% per annum on a monthly basis. The person who signed this document will be held responsible for payment and the resident address will be taken as the *domicillium citandi et executandi* address.

Should you not wish to take responsibility for paying the deposit and settling the account, please do not book a date for surgery, but do so when convenient.

The above financial policy has become necessary due to inconsistent, delayed, reduced and non-payment of funds to my practice on the patient's behalf. This is not beneficial to the good relations that exist between myself, my staff and my patients. *I assure you, as my patient, that your best interests will always receive the highest priority in my practice and the hospitals you will be treated at.*

Yours sincerely

DR.H.E.C.KRUGER