



Pregnancy and delivery agreement 2020 - Dr F Hofmeyr Inc.

I, the undersigned, hereby acknowledge and accept the following practice terms and regulations:

I am aware that this contract serves as a notice of practice policy. It is non-negotiable in its entirety and is a legal document, a binding agreement between myself and Dr F Hofmeyr Inc. and that this agreement pertains to all patients of Dr Hofmeyr unless special circumstances or exemptions have formally been put in writing and personally signed by Dr Fanelise Hofmeyr.

Initial/Sign: _____

Rates, billing and payment agreement

1. I have been made aware that this practice charges above medical aid rates for consultations, deliveries, emergency care and procedures in and out of hospital.
2. **I agree to comply with all co-payments** before or on the day of services rendered, as specified in the discussed and signed financial agreement as is applicable to ALL deliveries irrespective of my agreement with a medical aid.
3. I am aware that there will be annual increases in practice fees for all consultations, deliveries and procedures, and that unless a formal quotation for a specific procedure is accepted in writing by both client and provider, these cost-increases will apply to all patients (usually effective 1 January of each new year). Enquiries in regard to prospective increases can be directed to the office.
4. By choosing to make use of Dr Hofmeyr's services, **I declare myself the person responsible for my complete account.** I undertake to settle all fees incurred through elective or emergency consultation, deliveries, procedures or care otherwise provided irrespective of my agreement with my medical aid.
5. If there is any delay or dispute (by my insurer or other) regarding payment, I undertake to **settle the account personally within 30 days** of services rendered.
6. If I am a dependant on my medical insurance, **I personally take responsibility to inform the main member of this agreement** as well as all other decisions or arrangements made with this practice or its affiliated staff, and until/unless the main member agrees to accept responsibility for the account, **I accept full financial responsibility as set-out in this document as well as the practice billing policy.**
7. I am aware that 2% interest and administrative costs will be charged per month (added after 60 days) for all overdue accounts, these accounts will be handed over to an independent debt collection agency and that legal steps could be taken by the practice/agency on our behalf, with any additional costs incurred to be added to my account.
8. Appointments not kept and not cancelled at least 24 hours prior to the scheduled time, will be billed.
9. Dr F Hofmeyr and staff have provided adequate opportunity to enquire about and discuss the billing and payment protocols and I am aware of the consultation and delivery fees as printed on the back of this page.

Initial/Sign: _____

For any further administrative queries not covered in the above document, I have been informed to contact the practice directly (021 424 5355 /obgyn@drhofmeyr.co.za) or visit the website (www.drhofmeyr.co.za).

Service delivery and privacy agreement

1. I know that for all care, including deliveries and emergencies, this practice is solely affiliated with **Christiaan Barnard Memorial Hospital (CBMH)** and also that the practice makes use of locum doctors (including male doctors) as per the discretion of Dr Hofmeyr.
2. I understand that Dr Hofmeyr is under no obligation to personally tend to my care, and I agree to accept care offered by the locum doctors appointed by Dr Hofmeyr when she is not personally available.
3. I do not object to the discreet disclosure of my personal and medical information to practice staff, locum doctors and their staff, hospital staff and administration as well as to my medical aid/insurance, mostly through the use of ICD10 and procedure codes.
4. Upon signing the practice terms and conditions I have been made aware that all consultations and interaction with Dr Hofmeyr is subject to audio recording and electronic copies will be stored in a secure server as part of practice note-keeping for the personal use of Dr F Hofmeyr and staff.
5. I have also been made aware that Dr F Hofmeyr does not respond to any enquiries via SMS/WhatsApp and that in case of emergency, I have to directly contact her (or the locum doctor covering the practice) through the emergency telephone number (0825740555) or Labour ward.
6. Email correspondence and requests for repeat scripts will be billed as electronic consultations and will be answered by the practice staff as non-emergencies (when possible) during office hours.
7. I have been informed that Dr Hofmeyr is a general Obstetrician and that she does not perform formal screening for foetal anatomical or chromosomal abnormalities, not through clinical assessment or ultrasound – However, these important screening opportunities will be discussed and gestation appropriate referral offered to sub-specialist foetal-maternal centres in Cape town.

Initial/Sign: _____

Dispute resolution

1. This practice fully supports the patient's right to transparency as well as financial compensation in the event of a negative incident/adverse event occurring (whether it is because of perceived malicious intent, negligence, omission, bad practice, human factor or a chance event). I have been made aware that by signing this agreement **I undertake to commit to a pre-mediation meeting between all parties involved in order to investigate the avenue of formal mediation according to SASOG and this practice's dispute resolution protocol before embarking on the pursuit of litigation.**

Initial/Sign: _____

I have chosen to consult Dr F Hofmeyr and sign this agreement as a personal decision, without coercion. I acknowledge that I am under no obligation to consult Dr Fanelise Hofmeyr and that there are other caregivers in the Cape Town area to whom she will gladly refer me if requested.

Signed at Chris Barnard Netcare Hospital (Cape Town)

Printed name

Signature

Date



Estimated consultation costs 2020

- Dr F Hofmeyr Inc.

These estimations are for uncomplicated pregnancies only. Standard antenatal care consists of a minimum of 4 weekly follow up visits.

	Consultations	Gestation	Cost
1	Booking visit	Any Gestation	R 1760
2	First trimester follow up	9 – 14 weeks	R 880
3	First trimester Genetic Screening/Assessment	11 – 13 weeks	Referral: Foetal Assessment Specialist
4	Second trimester follow up	14 – 26 weeks	R 880
5	Second trimester follow up	14 – 26 weeks	R 880
6	Second trimester Foetal Anatomy Assessment	20 – 22 weeks	Referral: Foetal Assessment Specialist
7	Third trimester follow up (early)	24 – 32 weeks	R 880
8	Third trimester follow up (early)	24 – 32 weeks	R 880
9	Third trimester follow up (late)	32 – 38 weeks	R 880
10	Third trimester follow up (late)	32 – 38 weeks	R 880
11	Pre-delivery follow up	38 – 40 weeks	R 880
12	Pre-induction consultation (if still pregnant)	40 – 41 weeks	R 880
13	Post Caesarean Section wound check	Baby 2 weeks old	No charge
14	Other Post-Partum follow up	Baby 4 -8 weeks old	R 880
	Total estimated consultation fees		R 10560

Please note that Dr Hofmeyr does not do formal foetal genetic or anatomical assessment at estimated 12 weeks or 20 weeks, but we refer patients to a foetal sub-specialist for these consultations. These consultation costs as well as the pregnancy and screening blood tests routinely performed are not included in the billing plan above.

Estimated delivery costs 2020

- Dr F Hofmeyr Inc.

The decision of surgical assistant, paediatrician and anaesthetist will be made by the surgeon (Dr Hofmeyr/locum colleague) depending on availability and anticipated surgical degree of difficulty. The surgical fees specified on this page do include assistant fees but do **NOT** include the attending or service fees of either paediatrician or anaesthetist and also **excludes** the cost of an epidural anaesthetic for labour. If you have specific requests regarding an attending paediatrician or anaesthetist, please inform us before 36 weeks gestation.

Delivery	Estimated Surgical Fee
Normal vaginal delivery – NVD (spontaneous/induced/assisted) without complication	R 15 400
Elective Caesarean Section only (planned and booked within office hours) with GP assistant	R 18 480
Elective Caesarean Section and Sterilization with GP assistant	R 20 760
Elective Caesarean Section with GP assistant in case of BMI ≥ 35 **	R 27 720
Elective Caesarean Section and Sterilization with GP assistant and BMI ≥ 35 **	R 31 140
Emergency Caesarean Section (unexpected, unplanned or after hours) with GP assistant	R 20 143.20
Emergency Caesarean Section and Sterilization with GP assistant	R 22 628.40
Emergency Caesarean Section with GP assistant in case of BMI ≥ 35 **	R 30 214.80
Emergency Caesarean Section and Sterilization with GP assistant and BMI ≥ 35 **	R 33 942.60
Elective Caesarean Section (planned and booked within office hours) with specialist assistant	R 20 482
Elective Caesarean Section and Sterilization with specialist assistant	R 23 009
Elective Caesarean Section with specialist assistant in case of BMI ≥ 35 **	R 30 723
Elective Caesarean Section and Sterilization with specialist assistant and BMI ≥ 35 **	R 34 513.50
Emergency Caesarean Section (unexpected, unplanned or after hours) with specialist assistant	R 22 325.38
Emergency Caesarean Section and Sterilization with specialist assistant	R 25 079.81
Emergency Caesarean Section with specialist assistant in case of BMI ≥ 35 **	R 33 488.07
Emergency Caesarean Section and Sterilization with specialist assistant and BMI ≥ 35 **	R 37 619.72

**** The estimates above reflect that if a client has a Body Mass Index (BMI = weight (kg)/height (m)²) above 35 at the time of surgery, an additional 50 % of the total surgical (including assistant fee) and anaesthetic fee will be charged due to the increased operative difficulty and risks of providing surgical care as is reflected in the cost estimations above. ****

NB: In case of prolonged surgical time or increased difficulty due to unexpected complications or scar tissue from previous surgical procedures (excluding BMI), an additional surgical difficulty fee of 9% could be added to any of the above procedure estimates. This will only be evident at the time of surgery and we will not necessarily be able to anticipate this potential cost modifier during the pregnancy.