



# Pregnancy and delivery agreement 2026 - Dr F Hofmeyr Inc.

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

I agree that this contract serves as a notice of practice policy, is non-negotiable in its entirety and is a legal document, a binding agreement between myself and Dr F Hofmeyr (and by association include staff and affiliated locum providers). 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 F 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 contracted co-payments before or on the day of services rendered, specified in the discussed and signed financial agreement, as is applicable to ALL deliveries irrespective of my agreement with a medical aid. I understand the purpose of the co-payment is not only in anticipation of under-settlement of the final invoice for full antenatal care by my medical aid, but also to ensure that my personal financial responsibilities for total services rendered is staggered.
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, stipulating exemption from annual increase, these cost-increases will apply to all patients (usually effective in January of each new year). Enquiries in regards to prospective increases can be directed to the office.
4. By choosing to make use of Dr Hofmeyr's services, **I declare myself responsible for my complete account.** I undertake to personally settle all fees incurred through elective or emergency consultation, deliveries, procedures or care otherwise provided irrespective of my agreement with my medical aid, or my dependency status.
5. Even 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 dependent 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. Until the main member agrees to accept financial responsibility for the account, **I accept full 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 (after 30 days of invoice being issued) for all overdue accounts. I also understand overdue accounts could be handed over to an independent debt collection agency and legal steps could be taken by the practice/agency 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 a consultation fee and I understand that I will personally be held liable for the costs incurred irrespective of whether my insurer agrees to reimburse me for the fees billed, or not.
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](mailto:obgyn@drhofmeyr.co.za)) or visit the website ([www.drhofmeyr.co.za](http://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 as well as the obstetric staff assisting Dr Hofmeyr during admission, and that my financial arrangements for services rendered remain in place irrespective of whether Dr Hofmeyr personally tended to my delivery or not.
3. I consent to the 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 securely as part of practice record-keeping for the personal use of Dr F Hofmeyr and the practice administrators.
5. I have also been made aware that Dr F Hofmeyr does not respond to any enquiries via SMS/WhatsApp/other short message services and that in case of emergency, I have to directly contact her (or the locum doctor covering the practice) through calling the office or the Christiaan Barnard Memorial Hospital Labour ward (021 441 0217).
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 acknowledge that Dr Hofmeyr is a general Obstetrician and that she does not personally 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 recommended to sub-specialist foetal-maternal centres in Cape Town.

**Initial/Sign:**

### Dispute resolution

I am aware that this practice fully supports the patient's right to confidentiality, privacy and full access to information regarding intended care provision and the financial implications thereof. The practice and associates also believes a patient has the right to honest feedback and retort in the event of a negative incident/ adverse event occurring (whether it was 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 who she will gladly refer me if requested.

**Signed at Chris Barnard Netcare Hospital (Cape Town)**

Printed name

Signature

Date



## Antenatal consultation costs 2026

- 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 2650
2	Pregnancy confirmation (in the first trimester)	10 - 11 weeks	R 1320 (If booking occurred <8weeks)
3	First trimester Genetic Screening/Assessment	11 – 13 weeks	Referral: Foetal Assessment Specialist
4	Second trimester follow up	Around 16 weeks	R 1320
5	Second trimester Foetal Anatomy Assessment	20 – 22 weeks	Referral: Foetal Assessment Specialist
6	Second trimester follow up	Around 24 weeks	R 1320
7	Third trimester follow up (early)	Around 28 weeks	R 1320
8	Third trimester follow up (early)	Around 32 weeks	R 1320
9	Third trimester follow up (late)	Around 35 weeks	R 1320
10	Third trimester follow up (late)	Around 37 weeks	R 1320
11	Pre-delivery follow up	Around 39 weeks	R 1320
12	Pre-induction consultation (if still pregnant)	40 – 41 weeks	R 1320
13	Post Caesarean Section wound check	Baby 2 weeks old	No charge
14	Other Post-Partum follow up	Baby 6 weeks old	No charge, unless full annual is done.
	<b>Total estimated consultation fees</b>		<b>R 14 530</b>

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

## Estimated delivery costs 2026

- 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 degree of surgical difficulty. The surgical fees specified on this page 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 in labour. If you have specific requests regarding an attending paediatrician or anaesthetist, please discuss this with Dr Hofmeyr before 36 weeks gestation.

Delivery	Estimated Surgical Fee
Normal vaginal delivery – NVD (spontaneous/induced/assisted) Uncomplicated	R 24 600.00
<b>Elective</b> Caesarean Section only (planned and booked within office hours) with GP assistant	R 29 520.00
<b>Elective</b> Caesarean Section <b>and</b> Sterilization with GP assistant	R 31 971.13
<b>Elective</b> Caesarean Section with GP assistant in case of <b>BMI</b> ≥ 35 **	R 44 280.00
<b>Elective</b> Caesarean Section <b>and</b> Sterilization with GP assistant and <b>BMI</b> ≥ 35 **	R 47 956.69
<b>Emergency</b> Caesarean Section (unexpected, unplanned or after hours) with GP assistant	R 31 731.22
<b>Emergency</b> Caesarean Section <b>and</b> Sterilization with GP assistant	R 34 182.35
<b>Emergency</b> Caesarean Section with GP assistant in case of <b>BMI</b> ≥ 35 **	R 46 491.22
<b>Emergency</b> Caesarean Section <b>and</b> Sterilization with GP assistant and <b>BMI</b> ≥ 35 **	R 50 167.91
<b>Elective</b> Caesarean Section (planned and booked within office hours) with specialist assistant	R 32 799.18
<b>Elective</b> Caesarean Section <b>and</b> Sterilization with specialist assistant	R 35 522.59
<b>Elective</b> Caesarean Section with specialist assistant in case of <b>BMI</b> ≥ 35 **	R 49 198.77
<b>Elective</b> Caesarean Section <b>and</b> Sterilization with specialist assistant and <b>BMI</b> ≥ 35 **	R 53 283.88
<b>Emergency</b> Caesarean Section (unexpected, unplanned or after hours) with specialist assistant	R 35 010.40
<b>Emergency</b> Caesarean Section <b>and</b> Sterilization with specialist assistant	R 37 733.81
<b>Emergency</b> Caesarean Section with specialist assistant in case of <b>BMI</b> ≥ 35 **	R 51 409.99
<b>Emergency</b> Caesarean Section <b>and</b> Sterilization with specialist assistant and <b>BMI</b> ≥ 35 **	R 55 495.10

\*\* The estimates above reflect that if a client has a Body Mass Index (BMI = weight (kg)/height (m)<sup>2</sup>) 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.

Printed name

Signature

Date