



FINANCIAL MATTERS INFORMATION & CONSENT

FEE STRUCTURE & MEDICAL AIDS

- The cost of both the assessment and treatment sessions will be calculated using codes accepted by the Medical Schemes council and may be altered from time to time.
- The practice bills according to private rates, 90% of which are in line with Discovery Health Rates, and uses codes approved by the RPL structure of 2006. Clients on Bestmed, Genesis and WCMAS medical aid schemes are billed according to the codes set out in the SASP Billing Guidelines. The rates charged will not differ between different medical aids.
- Some codes are charged at the same or similar rate - this often causes confusion, please contact Robyn should you have any queries.
- The fees **should be** mostly covered by major Medical Aids, dependant on your plan and funds available, however any amount outstanding is for your account.
- Some medical aids may not cover the cost of meetings and reports and these will be for your account.
- The account is your responsibility and the practice will not claim on your behalf.
- The practice is prepared to add your medical aid's email address to the account so that they receive the account when you do, and in some cases the medical aid may pay us directly. You are liable for any shortfall. Please complete your medical aid email address and sign consent to this if required.

Email: _____

Signature: _____

- If the medical aid pays us directly, this will show on your next receipt/statement and you are also able to double check this against the statement received from your medical aid. Medical aids usually pay two-weekly so please allow some time for capturing of these payments.
- The practice/physiotherapist is not responsible for any approvals/disapprovals of treatment motivations made by medical funders; however will do their best to honestly and appropriately motivate for such funds on your child's behalf.
- Should you require your therapist to complete medical aid motivations for you, please allow at least two weeks turn-around time.
- It is your responsibility to timeously inform the physiotherapist of the outcome of any application/motivation for funding. By signing below you (parent/guardian) further understand that the amount approved may not match the practice rate/number of sessions needed and that you will remain liable for this cost.

Signature: _____

- It is your responsibility to monitor your available medical aid funds, whether savings or otherwise, and to timeously discuss with your therapist as need be.

ACCOUNTS

- **Appointments not cancelled 12 hours before the session, or missed appointments will be charged for in full.**
- The practice bills monthly and accounts will be ready by the seventh day of the following month, and should be paid immediately on receipt of the statement.
- Payment can be either by cash, by cheque or internet transfer.
- *Charges incurred by direct cash deposits at a bank will be added to your account.*
- Please ensure to use the correct Reference as shown on your account.
- The practice is **not contracted to any medical aids** and thus the account remains your full responsibility, regardless of short/non-payment from the funder.
- **Please pay your account before your next session (following receipt of invoice) as therapy will otherwise be postponed until payment is received.**
- Following late payments, you will be charged for 2 weeks therapy while your child is suspended, after which they will lose their time slot if payment is not received. This is to prevent debt from accumulating.
- Any payments made by yourself will be allocated to the oldest outstanding invoice.
- Any payments made by medical aid will be allocated according to the session dates and amounts paid for.
- Receipts will be allocated prior to the following month's invoice being generated.
- We do not wish to exclude any children from receiving therapy, therefore please speak to Robyn if finances are a concern.
- Please note that accounts that are two months overdue, will be charged a penalty fee of 5% per month and after 3 months will be handed over to our lawyers. All costs involved in this process will be for your account.
- Should it be necessary for any legal action to be taken for the recovery of amounts arising out of treatment received by the above patient, the parent/guardian undersigned undertakes to be liable for all legal costs between attorney and client, as well as tracing debt collection fees due.

Signature: _____

- The practice makes use of an invoicing programme HeroMed. Their TnCs are attached to this document as a separate pdf. Please sign to indicate your acceptance and understanding of the TnC's and Privacy Policy of HeroMed.

Signature: _____

- Please direct any financial queries to ptaccounts@hope-studio.co.za and allow a few days for response as we do not employ a full time book-keeper. We thank you for your patience!