GENERAL INFORMATION, INFORMED CONSENT, BILLING POLICY, CONTRACT

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Patient		
Guardian/Guarantor		
Telephone/Cell		
Email		

GENERAL INFORMATION

1. For your safety, you need to be starved for all anaesthetics and sedation. No food or liquids (excluding clear fluids) may be taken by mouth for at least six (6) hours before the anaesthetic or sedation.
2. It is against the law to drive a motor vehicle or operate heavy machinery for 24 hours after the anaesthetic.
3. It is recommended that no alcohol to be taken and no important decisions made within 24 hours after the anaesthetic.
4. Medical history: You will be required to complete a medical history questionnaire before your procedure. Please bring information on any medical conditions you may have when you are admitted to your procedure.
5. Medication:
   - Bring your current medication to the hospital if there is any chance that you will be staying overnight or need to take this medication while in the hospital.
   - Bring a list of any medication that you are currently on - or have taken in the past 3 months (including homeopathic and natural products).
   - Take your routine medication as normal. (If you are taking Warfarin, Aspirin, Plavix or any other blood thinners, please ask your doctor when you should stop these before the operation.
6. Timing of your procedure:
   - Due to various circumstances, your procedure may be hours after the scheduled start time. If you are admitted later than the start time of a list, you may only see the anaesthesiologist in the theatre waiting area.
   - If you have a medical condition or want to discuss anything with the anaesthesiologist, either make contact before the day of surgery or ensure you are admitted to the ward at least one hour before the start of the list.
7. Complications during anaesthesia.
   - Anaesthesia is not without risk. Adverse events can occur during any anaesthetic, which can range from trivial, to brain damage or death.
   - These events may occur due to reactions to anaesthetic drugs, underlying medical diseases, complications with procedures that have to be performed or due to surgery. Anaesthetists have been trained to manage these complications.
   - If a complication persists for more than 48 hours, please inform your anaesthesiologist.

COMPLICATIONS THAT MAY OCCUR UNDER ANAESTHESIA, POST-OPERATIVELY OR DUE TO SIDE-EFFECTS OR INTERACTIONS OF POST-OPERATIVE MEDICATION

Common complications (1 to 10% of cases) Minimal treatment usually	**Rare complications** (Less than 1 in 1 000 cases) May require further treatment	**Very rare complications** (1 in 10 000 to 1 in 200 000 cases) Often serious with long-term damage	**Brain damage or death** (Less than 1 in 250 000 cases)
Nausea and vomiting Sore throat Shivering or feeling cold Headache Dizziness Itching Pain during injection of drugs Swelling or bruising at the infusion site Confusion or memory loss (common if elderly)	Injuries to teeth, crowns, lips, tongue and mouth Painful muscles Difficulty in urinating Difficulty in breathing Visual disturbances Worsening of underlying medical conditions like diabetes, asthma or heart disease Hoarse voice, vocal cord injuries Pressure-related injuries	Eye injuries Nerve injuries causing paralysis Lung infection Awareness of the operation Bleeding Stroke Allergic reactions/anaphylaxis Unexpected reactions to anaesthetic drugs Inherited reactions to drugs (malignant hyperthermia, Scoline apnoea, porphyria)	Due to any other complication getting more severe Heart attacks Emboli (clots) Lack of oxygen

COMPLICATIONS ARISING DUE TO PROCEDURES THAT MAY BE PERFORMED DURING YOUR ANAESTHETIC

Procedure	Complication
Intravenous line	Pain, swelling, bleeding, inflammation, infection, clots, repeated insertions
Central line for monitoring or therapy	Pain, swelling, bleeding, inflammation, infection, repeated insertions, puncture of lung, artery or nerve, clots
Arterial line for specialised monitoring	Pain, swelling, bleeding, inflammation, infection, repeated insertions, loss of blood flow to the hand leading to death of fingers
Airway management	Damage to lips, teeth, tongue, throat, vocal cords, hoarseness, inhalation of stomach contents (aspiration), pneumonia, obstruction of breathing, failure to maintain the airway requiring an operative procedure
Nerve blocks, spinal or epidural injection	Back pain, non-resolving headache, nerve damage, paralysis, headache, nausea, vomiting, infection, dizziness, shortness of breath, chest pain, pneumothorax, seizures, drug toxicity, failure of technique with conversion to general anaesthetic

8. Should you wish to complain/comment on your anaesthesiologist, anaesthetic or billing experience, put your complaint in writing addressed to the practice which will be comprehensively addressed and responded to. Should your complaint not be resolved to your satisfaction, the complaint can be forwarded to the South African Society of Anaesthesiologists (SASA) at sasa@sasaweb.co.za. (Website: www.sasaweb.com). Should the process of SASA not resolve your complaint, your complaint may be forwarded to the Ombudsman of the Health Professions Council of South Africa (HPCSA).

INFORMED CONSENT FOR ANAESTHESIA

1. I understand that a qualified anaesthesiologist (specialist in anaesthesia) will take responsibility of my perioperative care.
2. 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 as first consideration.
3. I understand that the transfusion of blood and/or other blood products may be required during the procedure. (If you refuse the administration of blood products, please inform your anaesthesiologist.)
4. I understand that an incident-free anaesthetic cannot be guaranteed.
5. I understand that anaesthetic staff and equipment are supplied by the hospital and cannot be guaranteed by the anaesthesiologist. Equipment is checked on a daily basis.
6. I understand that no guarantee can be given regarding my response to drugs administered during the anaesthetic.
7. I understand that receiving anaesthesia will have certain risks and I have read and understood the information as contained under 'General Information'.
8. I, the patient/guardian authorise the anaesthetist to share relevant clinical information with other health-care practitioners involved and the patient's guarantor or medical scheme.

Signed by …… on ……/……../20……. at …… Relationship with patient ……

Signature: ……

SEE REVERSE

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BILLING POLICY

Coding

1. The practice determines the cost associated with the provision of anaesthetic services by using the coding rules as determined by the South African Society of Anaesthesiologists (SASA) and the South African Medical Association (SAMA).
2. A specific medical aid may not recognise the validity of any or all the codes used by the practice.
3. The practice will assume the rules and guidelines as determined by SASA and SAMA as the correct and ethical interpretation.

Fee determination

1. The anaesthetic fee of the practice is determined by the anaesthesiologist based on training, expertise, experience and practice costs and do not relate to any medical scheme rate (Competition Commission ruling, 2006). The rates used to determine the fee is applicable to all patients, irrespective of circumstances or medical aid membership as required by the Consumer Protection Act.
2. The cost of an anaesthetic is dependent on time and procedure complexity. As it is impossible to predict how long a procedure will take, this makes estimating the cost of an anaesthetic extremely difficult. The cost estimate table below is therefore based on the average time taken for a procedure and assumes the procedure is of average complexity.

Cost Estimate (based on Discovery Classic rates)

Procedure/operation as discussed and agreed amounts to approximately **R _____** **for an estimated time of _____ minutes.**	**Please note estimates are calculated according to information received prior to procedure/operation – any unforeseen/unexpected circumstances may result in additional costs to the existing estimate.**	

3. If the procedure takes longer than the estimated time the cost will increase according to the duration of the procedure.
4. Please do not hesitate to contact our offices if you require a full breakdown of the costs as quoted above.
5. Explanations of the codes on the account can be obtained from the South African Medical Association (www.samedical.org), your medical scheme or the South African Society of Anaesthesiologists (www.sasaweb.com).
6. Your medical aid will reimburse you for your anaesthetic account at a rate based on the plan you have selected and the rules of your medical aid fund. This can vary from 30% of the practice fee (most '100%' plans) to 100% of the practice fee. The total amount may not be covered by your medical aid. You will be responsible for the shortfall.
7. The anaesthesiologist is not a designated service provider (DSP) of any medical insurance company, thus prescribed minimum benefit (PMB) conditions may not be covered by your medical insurance.

Account administration

1. The administration of an account remains the responsibility of the patient and/or guarantor.
2. In cases where a funder's administration is substandard or payments from the funder are payed directly to the patient, the practice will NOT submit the account to the funder but directly to the patient/guarantor.
3. The practice may only accept payment from the patient and/or the patient's guarantor and/or a medical funder registered as such with the Council of Medical Schemes. The practice does not accept any direct payment from another doctor, hospital, insurance company or any other entity but acts on behalf of funders or the patient, nor handle any account administration on these accounts on behalf of the patient.

Terms of payment

1. The patient and/or guarantor and/or employer (IOD cases) remains responsible for the full amount of the account.
2. Terms of full payment is strictly thirty (30) days after service delivery.
3. After the 30-day period has expired, the account will be handed to a lawyer for debt recovery.

Medical aid payments and motivations

The practice will **not** supply motivations to medical aids and/or hospitals for the use of any medication and/or procedures and/or equipment that may be required during the course of the anaesthetic. Examples of medication and/or procedures and/or equipment where the medical aid may refuse payment or require motivation include (list not complete):

- Gastroscopy/colonoscopy/radiological/cosmetic/sterilisation procedures.
- Bridion (Sugammadex).
- Dexmedetomidine (Precedex).
- Emergency medication (Noradrenaline/Protamine/Isosorbide dinitrate/Esmolol/Loprost).
- INVOS (regional oxygen saturation monitoring).
- Use of ultrasound (Code 5103).
- Procedures for pain relief (Codes 2800, 2801, 2802, 2804).
- Pain control devices (Codes 1221, 0201).
- Codes 0011, 0018, 0019, 0032, 0034, 0039, 0040, 0043, 0146, 0147, 1780, 1132.

CONTRACT WITH THE ANAESTHESIOLOGIST

1. I understand that the anaesthetic account is separate from the hospital and surgeon accounts.
2. I accept responsibility for the full amount of the anaesthetic account.
3. I understand that all EFT payments must be accompanied by the correct reference number, and that the anaesthesiologist will not be held responsible for any costs associated with payments that could not be allocated due to incorrect reference numbers.
4. I declare that the anaesthetic account will **not** form part of any administrative order that exists on the guarantor's name.
5. I declare that all personal information supplied by me is true and correct (*domicilium citandi et executandi*).
6. I accept responsibility for all legal and tracing costs that may be incurred due to non-payment according to attorney and client scales.
7. I declare that, in the case that I am not the guarantor, I have the permission of the guarantor to sign this contract.
8. I declare that I have read and understood the complete contents of this document and that I accept all terms and conditions as specified under the "Billing policy".

Signed by …….. on …../……/20…... at ……Signature: ……