LUBALEKO HEALING HANDS

Sr. Nomakhosazana A. Mataka
Professional Nurse & Midwife
Pr. No. 1206478. SANC No. 13974159

99 Oxford Road
Oxford Maternity Unit
Saxonwold
Johannesburg
2196

334 Khokhonoka Cresent
Vosloorus
Boksburg
Johannesburg
1475

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CONSENT FORM AND FEE STRUCTURE

I (Full names): ……

ID number: ……

Address: ……

……

……

give consent to:

Sr. Nomakhosazana A. Mataka

(Herein referred to as the Midwife Noma with practice number 1206478

I hereby give consent for Sr Noma (or her stand in Midwife) for the monitoring and treatment during my pregnancy, labor and post-natal care.

☐ I understand and agree that because I am not on medical aid, it is my responsibility to go

to the Provincial Hospital and register/book a delivery bed, the booking card will be provided. Should I opt for the provincial hospital delivery then a referral will be provided at 28 weeks according to the health department protocol.

☐ I acknowledge that even though I am on medical aid, it is still my responsibility to obtain a maternity authorisation from my funder.

☒ I acknowledge that I have a right to choose to deliver with Lubaleko Healing Hands (Sr Noma) at Oxford Maternity Unit, 5th Birthing Unit or Home Birth

Referral Policy

In the event of further medical intervention, I do acknowledge that any further treatment will be handed over to the relevant medical practitioner at the discretion of the Midwife. Please understand at no stage will we risk the health and safety of you and your baby just because we have planned for a normal delivery.

It has been explained to me that in the event of an emergency caesarean section the extra costs caesarean (including surgeon, anesthetist, pediatrician and hospital costs will be my own account if not on medical aid) or that the respective medical aid will be billed for the cost of the operation. Please note that the patient will be responsible for the ambulance fee. If not on medical aid and unforeseen circumstances arises and you don't have choice of facility from patient is referred to the government hospital for further management, the patient will be liable for ambulance fee, but the midwife may accompany the patient to the hospital for handover purposes.

Refund policy

You (patient) will be refunded everything except your booking and antenatal visits fee should you go into premature labor or for any other unforeseen circumstances and not deliver at the facility but once a service has been offered at the birth centre and up with an emergency caesarean section then fees already paid for delivery is non-refundable.

Treatment

Treatments are in accordance with the protocol, prescription, and the Healthcare Practitioner's discretion. All the necessary steps will be taken to eliminate and or minimize any potential risks and disadvantage with any treatment. However, outcome cannot be guaranteed.

Confidentiality

- As your medical practitioner I may need to divulge personal and medical information regarding the history and condition to other attending practitioners and administrative staff concerned for purposes either relating to the treatment of to process for statistical, epidemiology, managed health care and payment purposes, which include sending of the account to the relevant third-party payer, funders, administrators and switching companies, if applicable.
- These practitioners and administrative will have access to the personal medical records on a "need-to-know" basis. Patient confidentiality will be protected at all costs, but absolute confidentiality cannot be guaranteed. As far as possible the information will be dealt with in a confidential manner.

Tariffs and Accounts

I acknowledge that:

- I have been informed that this practice does not necessarily charge the rates that my Medical Aid may have decided upon. The Healthcare Faculty of Business is our dedicated in-house Accounts Administrator (087 265 7341).

- My Medical Aid may or may not cover all the fees charged by this practice. Should there be a shortfall, I remain personally liable for payment of that shortfall.
- I am fully responsible for payment, and should I not pay timeously, I will be liable for debt recovery & legal costs.
- This practice charges Medical Aid rates, private rates, network arrangements and contracted to funders with open access to providers.

Informed Consent

I understand that I have the right to ask my doctor to explain and disclose medical information to me before I agree to a medical procedure or treatment, including the following:

- different treatment options available to me,
- common and serious side effects of specific treatment options,
    - the benefits, risks, costs and consequences associated with each option;
    - details of the diagnosis and prognosis, and the likely prognosis if the condition is left untreated;
- any uncertainties regarding the diagnosis.
- how and when my condition and any side effects will be monitored or re-assessed.
- the name of the doctor who will have overall responsibility for the treatment.
- that I have the right to seek a second opinion at any time.
- I confirm that this information has been provided to me.

I further agree as follows:

1. I am personally liable for medical services rendered by the doctor to me and/or to any person of whom I am the parent or the legal guardian.
2. To pay promptly the account of the doctor in accordance with the tariff of charges prevailing in the doctor's Practice, or as agreed with me, and in the way the parties have agreed.
3. To settle the doctor's account on time and in full, as agreed, irrespective of contracts /agreements / arrangements I may have with any medical scheme or any third party.
5. Should the doctor hand an outstanding account over to a debt collection company, that debt collection company is the sole point of contact, and I will only correspond with that company in respect of the outstanding account.
4. Should the doctor institute legal action against me for recovery of any outstanding debts, to pay all legal costs, including attorney and own client costs, collection and tracing fees
6. I acknowledge that, in accordance with the provisions of Section 53(1) of the Health Professions Act of 1974 and Section 6(c) of the National Health Act 61 of 2003, the costs associated with all medical services rendered by the doctor, treatment and/or procedures have been discussed and were fully explained to me, to the extent required in law and professional ethics.

I have read, understand and agree to the above terms and conditions.

Signature of patient: ……

Date: ……. Witness: ……

FEES STRUCTURE

We are excited about the journey you are about to embark on we are honoured that you have put your trust in us. It is a special journey, and we strive in providing you and your baby with the best care. We offer antenatal care, normal delivery and postnatal care for low-risk pregnancies. The Healthcare Faculty of Business is our dedicated in-house Accounts Administrator (087 265 7341).

Important things to note: -

0-28 weeks- To be seen every 4 weeks

At 28 weeks Gynae consultation

30-36 weeks-seen every two weeks

At 36 weeks Gynae second consultation

At 37-40 weeks seen every week

Ante natal Fees

First antenatal visit + Blood test	R600.00
Subsequent visit	R600.00

Gynaecologist Obstetrician Fees

First Gynae Consultation	R2, 000 .00 to R3, 000.00
Second Gynae Consultation	R2, 000.00 to R3, 000.00

Important sonars to be done at 8 weeks to confirm pregnancy and Expected Delivery Date (EDD) and then at 28 weeks.

Glucose test to be done at 28 weeks and a compulsory gynae consultation.

Delivery Fees

Booking fees at Oxford maternity unit	R36, 000.00 Facility fees
Midwife	R9, 000.00 to be paid in full by 38 weeks

Oxford Booking R2000 for medical aid

Post Delivery

TSH + Blood Group	Rates Depending on various Laboratories
Pediatrician	R2, 500.00 paid directly to the Pediatrician
Day 3 + BCG (Post natal visit)	Free

No delivery service shall be offered unless upfront payment is done in full pre-delivery.

Note: Pregnancy vitamins provided on each ante natal visit.

The economic situation we live in has taught us to be conscious of our financial capabilities. We at Lubaleko Healing Hands understand how difficult it is to earn a penny, let alone sustain it. We are delighted to inform you that we accept payment arrangement before delivery.

Please provide your banking details for us to instate a seamless planner ranging from once-off settlements to three monthly instalments to cover your medical aid shortfalls or your private account. We encourage you to complete the full payment before delivery so that the fees do not clash with the immunization programme.

Choose your instalments options:

☐ Once-Off ☐ Three instalments (starting at visit 1)

Bank Details for Debit Order

Bank name: ……

ID number: ……

Account No.: ……

Mobile No.: ……

Kind regards,

_____

Sr. Nomakhosazana A. Mataka
Professional Nurse & Midwife