

**Dr. Michael Blackburn**  
 MBBCh(Wits), DA(SA), FCA(SA)  
**Specialist Anaesthesiologist**

Practice No. 028 6087  
 Practice: 011 463-7821/463-4958  
 email: jhb.anaesthetist@gmail.com  
 www.dunkeldanaestheticpractice.com

Accounts: 011 462-7119/011 462-7319  
 account email: accounts@anac.co.za

THIS FORM HAS 2 SIDES. Please complete both sides and hand to the anaesthesiologist on the day of anaesthesia.



**BILLING POLICY**

**A. Coding**

Dr Blackburn (The Practice) determines the cost associated with the provision of anaesthetic services using coding rules determined by the South African Society of Anaesthesiologists (SASA) and the South African Medical Association(SAMA).

A specific medical aid may not recognise the validity of any or all the codes used by the Practice

The Practice will assume the rules and guidelines as determined by SASA and SAMA as the correct and ethical interpretation.

**B. Fee Determination**

1. Dr Blackburn's anaesthetic fee is determined by him based on training, expertise, experience and practice costs and does not relate to any medical scheme rate (Competition Commission ruling 2006).The rate determining the fee is applicable to all patients, irrespective of circumstances or medical aid membership as required by the Consumer Protection Act.
2. Anaesthetic cost is dependant on time and procedure complexity.As it is impossible to predict how long a procedure will take, this makes the estimation of costs very difficult.The cost estimate presented below assumes average procedure complexity and duration.

Description	Cost
Cost for pre-anaesthetic consultation, preparation and first 30min of anaesthesia	R3845-00
Time fee per 15min after 30min	R930-00

Description	Cost	Applied
Age >70 years or <1 year old	+R930-00	Once off
Specialised pain control procedures (nerve blocks, PCA etc)	+R1595-00	Once off
Deliberate blood pressure control - shoulder, ear and sinus surgery	+ R355-00	per 15 min
Body mass index >35kg/m <sup>2</sup>	+50%	to entire account

3. Cost estimates DO NOT include additional costs for ICU, pain control techniques, ultrasound, blood pressure control, procedures performed by the anaesthesiologist,paediatrics, fractures and emergency surgery.
4. If the procedure takes longer than the estimated time, the cost will increase according to the duration of the procedure.
5. If your BMI(body mass index) is greater than 35kg/m<sup>2</sup> you will be charged an additional 50% of the anaesthetic fee, as risk and skill required increase.  
 $BMI = \text{weight(kg)} / [\text{height(m)} \times \text{height(m)}]$
6. Explanations of codes used on the account can be obtained from the South African Medical Association (www.samedical.org) or the Board of Health Funders (011 537 0200)
7. 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 charged

Patient name: \_\_\_\_\_

fee (most "100%" plans) to 100% of the charged fee.The total amount may not be covered by your medical aid.You will be responsible for the shortfall.

7. Dr Blackburn is not a designated service provider (DSP) to any medical aid/insurance company and thus prescribed minimum benefit(PMB) conditions may not be covered.

**C. Account Administration**

1. The Practice does not deal with your medical aid re account payment.You are responsible for settling the account with the Practice and claiming from your medical aid.
2. The account *may* be sent to your medical aid to help with your claim but you remain responsible for payment in full within 30days.
3. The Practice may only accept payment from the patient and/or guarantor and/or a medical funder registered as such with the Council of Medical Schemes.The Practice does not accept direct payment from any other entity acting on behalf of funders or the patient, nor handle any account administration on these accounts on behalf of the patient.

**D. Terms of Payment**

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

**E. 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.

**F. Protection of personal Information**

1. I agree that personal information collected in terms of this consent is to be utilised for healthcare of the patient, billing and collection of debt as well as processing of queries, complaints or compliments.
2. I agree to allow my personal and clinical information to be shared with other persons or institutions(eg: medical scheme) if necessary to serve a legitimate purpose within the ordinary course and scope of my anaesthesiologist's duties, provided such disclosure is in my/the patient's best interests.
3. I understand my personal information is stored in a secure location and is accessible only to authorised third parties who certify that they are compliant with the POPI Act.

**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 should I fail to pay any amounts due, the Practice or its nominated representatives may disclose this to any credit bureaus or 3rd party without incurring liability therefore.
4. I declare that all personal information supplied by me is true and correct(*Domicilium citandi et executandi*).
5. I accept responsibility for all legal and tracing costs that may be incurred due to non-payment according to attorney and client scales.
6. I declare that, in the case that I am not the guarantor, I have the permission of the guarantor to sign this contract.
7. I declare that I have read and understood the contents of this document and that I accept all terms and conditions as specified under the "BILLING POLICY"
8. In the event of any dispute arising out of or in connection with this contract, the parties agree in the first instance to discuss and consider referring the dispute for mediation.

Signed by.....  
*Initials and Surname*

on..... at.....  
*Date Location*

Signature..... Anaesthesiologist.....

Please complete both sides of this form

**GENERAL INFORMATION**

1. You need to be starved before all anaesthetics and sedation. No food or liquid (except clear fluid) may be taken by mouth for at least six(6) hours before the anaesthetic or sedation. Water, apple juice, ice tea, black tea or coffee may be taken until 2 hours before the anaesthetic. If your child is breastfeeding - breast-milk may be given until four(4)hours before the anaesthetic
2. It is against the law to drive or operate heavy machinery for 24 hours after the anaesthetic. No important decisions should be made in this period. **DO NOT CONSUME ANY ALCOHOL** after anaesthesia or while taking pain medication prescribed by the anaesthesiologist.
3. **Medication**

Bring current medication to the hospital if there is any chance you will stay overnight or need it whilst in hospital.  
 Bring a list of medications you are taking or have taken in the last 3months including homoeopathic/natural products.  
 Take your routine medication as normal(If using aspirin,warfarin,plavix,xarelto or any other blood thinners ask your surgeon when these should be stopped.)

4. **Timing of Procedure**

As only one patient can be anaesthetised at a time, your procedure may be a long time after the list scheduled starting time.  
 If you are admitted later than the list start time, you may only see the anaesthesiologist in the theatre waiting area.  
 If you have a medical condition or wish to discuss anything with the anaesthesiologist, please ensure you are admitted to the ward at least an hour prior to the scheduled start time of the list, or make contact beforehand with the anaesthesiologist.

5. **Complications**

Anaesthesia is not without risk. Adverse events can occur during any anaesthetic. These can range from trivial to brain damage or death. These events may occur due to: Reactions to anaesthesia, underlying medical disease, complications with procedures that have to be performed or due to the surgery itself.  
 Anaesthetists have been trained to manage these complications. Should any complication persist for more than 48hours please inform the anaesthesiologist. The following list covers some of the potential complications which may occur under anaesthesia.

Common Complications (1:100-1:10 cases) Minimal treatment usually	Rare Complications (<1 : 1000 cases) May require further treatment	Very Rare Complications (1:10 000 - 1:200 000 cases) Often serious with long term damage	Neurological damage or death (< 1 : 250 000 cases)
<ul style="list-style-type: none"> <li>• Nausea or vomiting</li> <li>• Sore throat</li> <li>• Shivering/feeling cold</li> <li>• Headache</li> <li>• Dizziness</li> <li>• Itching</li> <li>• Pain on drug injection</li> <li>• Swelling/Bruising at Drip Site</li> <li>• Temporary confusion and/or memory loss(elderly)</li> <li>• Agitation (Children)</li> </ul>	<ul style="list-style-type: none"> <li>• Injuries to teeth, crowns, implants, veneers, lips, tongue</li> <li>• Hoarseness, voice changes</li> <li>• Vocal cord injuries</li> <li>• Difficulty in urination</li> <li>• Muscle Aches/Pains</li> <li>• Difficulty in breathing</li> <li>• Visual disturbances</li> <li>• Worsening of underlying medical conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Eye Injuries</li> <li>• Nerve injuries causing paralysis</li> <li>• Lung infections</li> <li>• Awareness of operation</li> <li>• Bleeding</li> <li>• Stroke</li> <li>• Allergic reactions</li> <li>• Genetic reactions to drugs for example Malignant Hyperthermia, Scoline Apnoea</li> </ul>	<ul style="list-style-type: none"> <li>• Due to worsening of any other complication</li> <li>• Heart Attack</li> <li>• Embolic events (clots)</li> <li>• Lack of Oxygen</li> <li>• Spinal cord haematoma or abscess formation following spinal anaesthesia</li> </ul>

Complications arising from procedures which may be performed during your anaesthetic

Procedure	Complication
Intravenous Line (Drip)	Pain, Swelling, Bleeding, Inflammation, Infection, Clots, Repeated insertions
Central Line for monitoring or therapy	Pain, Swelling, Bleeding, Inflammation, Infection, Clots, Repeated insertions, Lung injury, injury to artery or nerve.
Arterial Line for specialised monitoring	Pain, Swelling, Bleeding, Inflammation, Infection, Loss of blood flow to hand leading to death of fingers
Airway Management	Damage to teeth, lips, tongue, palate, throat, vocal cords, hoarseness, inhalation of stomach contents(aspiration), pneumonia, obstruction of breathing, failure to maintain airway requiring an operative procedure.
Nerve Blocks or Epidural injections	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 anaesthesia

8. Should you wish to complain/comment on your anaesthesiologist, anaesthetic or billing experience, the following procedure is in place: Complete a complaint form at <http://www.dunkeldanaestheticpractice.com/dr-michael-blackburn/> or request one from the practice which will be comprehensively addressed and responded to.  
 Should your complaint not be resolved to your satisfaction, complaints can be forwarded to the South African Society of Anaesthesiologists at [sasa@sasaweb.co.za](mailto:sasa@sasaweb.co.za). Should the processes of SASA not resolve your complaint, it may be forwarded to the Ombudsman of the Health Professions Council of South Africa (HPCSA)

**INFORMED CONSENT FOR ANAESTHESIA**

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

Signed by..... on..... at.....  
 Signature..... Anaesthesiologist.....

## PATIENT DETAILS

Full names and surname:													Title:
ID Number:													Age:
Occupation													

### Person responsible for the account

I nominate the party listed as "person responsible for payment of the account" as Guarantor who is aware of this responsibility. I understand that a guarantor does not absolve me from my responsibility for payment, that I am personally liable for the account and bound by the terms of this agreement

Full names and surname:													Title:
ID Number:													
Occupation:						Business/Employers name:							
Relationship to patient:						Spouse telephone number:							
Postal address:						Residential address:							
email:													
Telephone(home):						Telephone(work):							
Fax:						Cell number:							
Medical aid name:						Medical aid number:							
Members name:						Authorisation number:							
Plan:						Gap Cover:		YES		NO			
Contact not living with you:												Tel:	

### Patient Medical Details *(Please complete)*

Age: _____	Weight: _____	Height: _____	Pregnant: No	Yes (weeks _____)	
Last food: _____ h _____	Last Fluid: _____ h _____				
Smoking: No	Yes _____/day	Alcohol: nil/social/moderate/heavy			
Allergies:					
Current medication:					
Previous anaesthetics (for what and when):					
Problems with any anaesthetic:					
Family member with anaesthetic problems:					
Has the patient ever had the following:					
Scoline Apnoea	Yes	No	Porphyria	Yes No	
Malignant Hyperthermia	Yes	No	Diabetes	Yes No	
High Blood pressure	Yes	No	Heart Disease	Yes No	
Asthma, Bronchitis, emphysema	Yes	No	Thyroid problem	Yes No	
Obstructive sleep apnoea or severe snoring	Yes	No	Recent cold or flu	Yes No	
Gastric ulcer, reflux, Crohn's or irritable bowel	Yes	No	Epilepsy	Yes No	
Kidney or bladder disease	Yes	No	Stroke or blackout	Yes No	
False, loose, chipped or crowned teeth	Yes	No	Easy bleeding	Yes No	
Aspirin in last 14 days	Yes	No	Muscle disease	Yes No	
Does the patient consent to a blood transfusion if necessary				Yes	No
Details on the above or anything else you feel the anaesthetist should know:					