DR SG SMITH ANAESTHESIOLOGY INC.

2024/542660/21

DR STEVEN SMITH

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WWW.DUNKELDANAESTHETICPRACTICE.COM

TEL: (011) 672 6466

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the anaesthetic have been explained to me/the patient, as have the tariffs that will be charged for the anaesthetic, as per the tariff information sheet overleaf. I understand that no-one is able to guarantee an incident-free anaesthetic. I have read, understood, and agree to the conditions mentioned above, as well as in the tariff information overleaf. I confirm that the information provided by me on this form is true and complete in all respects. I hereby give permission for anaesthesia to be administered to my dependant or myself for the following procedure: Procedure:	Payment The anaesthetic account is rendered completely independently from the accounts of the surgeon and the hospital. This practice is contracted out of medical aid (excluding Discovery Health). Payment is to be made directly to Dr SG Smith Anaesthesiology Inc. and then recovered from your medical aid. All anaesthetic tariffs charged may not be fully reimbursed by your medical aid. The patient/guarantor of payment is personally responsible for payment of the account and agrees to pay the anaesthesiologist's fee as follows: Elective Surgery: R6 271 for the 1st hour and then R2 370 per half hour period thereafter. Emergency Surgery: R8 513 for the 1st hour and then R2 994 per half hour period thereafter. In addition, modifiers with applicable costs may apply as per the tariff information sheet overleaf. Terms of payment are strictly 30 days from date of invoice. Payment may be made by credit card or by direct deposit. I undertake to pay all legal, debt collection and tracing costs on the attorney and own client scale as well as all other charges as stipulated by the Debt Collectors Act 114 of 1998 relating to the recovery of fees outstanding on my account in respect of anaesthetic and other professional services rendered. I confirm that the nominated postal and/or email address are correct for the purpose of receipt of the anaesthetic account. I hereby choose my above address as my domicilium citandi et executandi for all purposes under this agreement and I agree that any notice sent to my domicilium citandi et executandi by prepaid registered post shall be deemed to have been received by me on the third business day after posting of same. I agree that any notice actually received by me shall be valid for all legal purposes notwithstanding that it was not sent to me by registered post and/or that was not sent to me at my chosen domicilium citandi et executandi. I shall be required to give one weeks written notice of such change becoming effective.	
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