

Oxford Eye Centre
104 Oxford Road
Houghton Estate
Johannesburg
2198

Dr Barry Payne
MBBCh (Wits) FC Ophth (SA)

Ophthalmologist
Practice: 038 4062 MP 054 9592

Tel: +27 11 880 4200
Fax: +27 11 447 7024
Cell: +27 82 844 6249
payne@oxfordeye.co.za
www.oxfordeye.co.za

Conditions of Service

Agreement Between

Dr Barry Payne

and

NAME: _____ **ID:** _____

- The patient agrees that the fees charged for any surgery/procedure/investigation/treatment are determined solely by Dr Payne. The fees are linked to medical aid codes for the convenience of the patients' medical aid
- The patient accepts the quotation represents the estimate cost of any surgery, procedure, investigation or treatment.
- The Sandhurst Eye Centre costs are NOT reflected in any quotation. These charges are billed at medical aid rates. The rate may vary between different medical aid plans.
- The Anaesthetist fees are NOT reflected in any quotation. They are billed independently; however, the authorisation number obtained will apply to the Anaesthetist.
- The patient is aware and accepts that these fees may be higher than those linked to the National Health Reference Price List (NHRPL)
- The patient agrees that the fees for surgery are approximately 200% NHRPL. Claims will be initially submitted to a patient's medical aid, any outstanding amounts are payable within 30 days.
- The patient accepts that it is their responsibility to obtain any authorisations prior to surgery/procedures. An administration cost will be charged for authorisations done through the practice.
- The patient accepts that although Dr Payne will submit claims electronically to a patient's medical aid, it is their responsibility to submit any claims to their medical aid
- The patient accepts full responsibility for the account regardless of any problem/obstruction/query related to their medical aid
- In the event that an account is not paid after 45 days, the account will be handed over to Attorneys and the patient agrees to pay any legal costs on an attorney client scale

Signed at _____ **on the** _____ **day of** _____ **20**_____.



Dr Barry Payne

Patient Signature