

# PAEDSPRACTICE (PTY) LTD

## Terms and Conditions

For Paediatric Medical Services Provided by Dr. Cora Bopape-Chinyanga

These Terms and Conditions ("Terms") govern the provision of paediatric medical services by Dr. Cora Bopape-Chinyanga ("paediatrician"), registered paediatrician, to the patient ("your child") and their parent(s) or legal guardian(s) ("you"). By seeking care from Dr. Cora Bopape-Chinyanga, you agree to be bound by these Terms.

### Medical Services

Dr. Cora Bopape-Chinyanga provides paediatric consultations, diagnosis, treatment, vaccinations, and related healthcare services in accordance with the applicable laws and ethical standards of the Health Professions Council of South Africa

### Appointments and Cancellations

- Appointments must be scheduled in advance, either by phone, email, or through the official booking system.
- If you need to cancel or reschedule your child's appointment, please provide at least 24 hours' notice.
- Missed appointments or late cancellations may result in a cancellation fee.

### Telemedicine

- This has its limitations and may not be an ideal method for consultation.
- Fees will be charged on Teleconsultation.
- The paediatrician cannot provide medical advice to unknown clients and may ask them to schedule an appointment at the practice.

### Fees and Payment

- Consultation and treatment fees will be communicated prior to your child's appointment.
- Payment is due at the time of service unless otherwise agreed in writing.
- Accepted payment methods include cash, card, or electronic transfer.
- Outstanding accounts may be referred for collection, with any additional collection costs payable by the parent or guardian.
- It remains your responsibility to familiarise yourself with the benefits and terms and conditions associated with your medical aid. Ascertain the exact amounts your scheme provides for consultations, procedures and

treatments as well as what your medical aid will cover. With increasing interventions from your medical scheme, please be aware that the practice will not allow the medical scheme to violate the healthcare professional's clinical independence. Where a medical aid or its advisors intervene to overrule your healthcare professional preferred diagnostic approach or treatment, your healthcare professional accepts no responsibility for consequent adverse outcomes. You may be requested to allocate responsibility to the medical aid and its medical advisors in the event of adverse treatment outcomes.

- You remain responsible for any amount that your medical scheme or Funder does not pay for any service rendered and invoiced for, by the practice.
- An invoice will be prepared and forwarded to you following the consultation. You are responsible for submitting the invoice to your medical aid for reimbursement.
- You remain liable for the account at all times, for services rendered by the practice even if you are covered by a medical aid or any other third party. This contract does not prevent the practice from taking all reasonable and practical steps to recover any outstanding amounts from the obligated party. You hereby consent that your personal information may be provided to attorneys or debt recovery agencies to recover from you any amounts due if they remain unpaid. The practice reserves the right to charge interest on your outstanding amount that is due from date of service up to maximum interest allowed in the National Credit Act No.34 of 2005 ("NCA").

### Medical Records and Confidentiality

- All patient information and medical records for your child are kept confidential in accordance with the Protection of Personal Information Act (POPIA). Legislation
- Information will only be shared with third parties (e.g. other healthcare providers, schools) with your consent or as required by law.
- Parents or legal guardians may request access to their child's medical records in writing, subject to administrative procedures and applicable fees.

- It is a regulatory requirement for the practice to disclose ICD-10 diagnosis codes on referral letters for special investigations, such as laboratory tests and imaging, as well as in communications to medical schemes for reimbursement and administrative purposes. Failure to submit the correct codes might lead to the claim being incorrectly paid or rejected by your medical scheme or funder. These disclosures are made strictly in accordance with applicable privacy laws and professional guidelines.
- In the event of a third-party request for confidential information from the practice, and in doubt regarding the safety of confidentiality processes, the practice may insist on following the standard operating procedures legislated in any legislation.

- All complaints will be handled in accordance with professional guidelines and relevant legislation.

## Amendments

Dr. Cora Bopape-Chinyanga reserves the right to amend these Terms from time to time. The latest version will be available upon request and on the practice website.

## Governing Law

These Terms are governed by the laws of the Republic of South Africa, depending on the location of service provision.

## Contact Details

For queries or further information, please contact:

Dr. Cora Bopape-Chinyanga

NMCH 6 Jubilee Road, Parktown, 2193

066 251 1559

accounts@paedspractice.co.za

By scheduling and attending appointments for your child, you confirm that you have read, understood, and agreed to these Terms and Conditions.

### Please tick the appropriate box

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I understand the implication and agree that, where appropriate, the healthcare professional and practice may disclose my ICD-10 diagnosis codes(s) under the conditions described above

Or

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I understand the implications and request that the healthcare professional does not disclose the specifics of my diagnosis. The healthcare professional is to use IDC-10 code U98.0 (patient refusing to disclose clinical information.) In this case I assume full liability for the account in its entirety.

## Consent to Treatment

- By attending a consultation, you consent to the examination, investigation, and treatment of your child as deemed appropriate by Dr. Cora Bopape-Chinyanga.
- Parents or legal guardians have the right to refuse or withdraw consent at any time, but this may affect the care provided to your child.

## Limitation of Liability

While all reasonable care will be taken, Dr. Cora Bopape-Chinyanga is not liable for any loss, damage, or injury arising from failure to follow medical advice or provide accurate information about your child, or from not attending follow-up appointments. These Terms do not limit liability that cannot be excluded by law.

## Complaints and Disputes

- If you are dissatisfied with any aspect of the service provided to your child, please address your concerns in writing to Dr. Cora Bopape-Chinyanga as soon as possible.

## Consent and Signature

By signing below, I acknowledge that I have read and understood the above Terms and Conditions, and I consent to the provision of services for my child as outlined. I confirm that I have had the opportunity to ask questions and that all questions have been answered to my satisfaction.

Parent/Guardian Name:

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Signature:

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Date: \_\_\_\_\_