

CONSENT FOR ANAESTHESIA

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THIS FORM IS 2 PAGES: Please complete BOTH SIDES and hand it to the anaesthesiologist on the day of your anaesthetic.

I, _____ consent to
(NAME AND SURNAME OF PERSON COMPLETING THIS FORM)

(NAMES and SURNAME of PATIENT OR "MYSELF")
undergoing anaesthesia for

(DESCRIPTION OF PROCEDURE)

With respect to anaesthesia for the procedure:

- I acknowledge that I have received, read and understood the "Anaesthetic Patient Information" as provided by Dr Caroline Corbett.
- I confirm that the form clarifies for me, the risks and complications generally associated with the anaesthesia including nerve "blocks".
- Should I have any queries as to the purpose or have concerns regarding my particular risk, I will discuss these at my pre-anaesthetic consultation or contact the anaesthesiologist before my surgery.
- I understand that no one can guarantee an incident-free anaesthetic or procedure.
- There is equipment and theatre staff supplied by the hospital which cannot be guaranteed by the anaesthesiologist. Some drugs/monitors may be required to be used which are considered "off-label" or not funded by my chosen medical insurance. I exempt the anaesthesiologist from any adverse managed care requirements of my medical scheme.
- I agree not to drive a car, operate dangerous equipment or make important decisions for 24 hours after the recovery from anaesthesia. I agree not to consume alcohol during this period or whilst taking any medication prescribed to me by the anaesthesiologist.
- It is strongly recommended that you do not make use of social media or sign legal documents in the immediate post-operative period. This is to protect you, the care team and other patients. You may not be of sound mind or capable of accepting the long term consequences of these decisions until you are fully recovered.

CONFIDENTIALITY & PROTECTION OF PERSONAL INFORMATION:

- 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.
- I authorise the release of any clinical information, including my HIV status to any other member of the medical/ paramedical profession responsible for my safety and treatment.
- I agree to allow my personal and clinical information to be shared with other persons or institutions (e.g.: medical scheme) if this is 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 interests.
- I understand my personal information is stored in a secure location and is accessible only to third parties with signed confidentiality clauses as part of their employment agreements/ contracts.
- I consent to sharing patient, guardian and guarantor information with the South African Society of Anaesthesiologists CEO and its Private Practice Business and Regulation Business units in the event of a complaint (which information will be kept confidential within the SASA CEO, Private Practice and Regulation Business Units).
- I consent to the sharing of information on my account with other credit grantors and with the credit bureau.
- I consent to communication with my family/ nominated others with respect to my medical care and medical account.

- mission, blood pressure control, revision surgery and emergencies.
- May include additional procedural costs or costs associated with unanticipated complications.

PAYMENT AGREEMENT

COST ESTIMATE

Costs of Anaesthesia are calculated according to established codes and practices governed by the Health Professions Council of South Africa and relevant South African legislation (E.g.: The Health Act, Medical Schemes Act) and subsequently:

- Have a time-based component dependant on the duration of service provided.
- Are higher for more difficult or complex surgeries as anaesthesia complexity increases.
- May include risk/ expertise based modifiers including but not limited to anaesthesia associated with bone surgery, obesity, paediatrics, elderly, ICU ad

Anaesthetic cost estimates assume average surgical time and average complexity. The final cost inclusive of VAT at 15% may exceed or be lower than the estimated cost provided.

COST ESTIMATE CALCULATION FOR AVERAGE COMPLEXITY ANAESTHESIA:

Description	Cost (VAT Incl.)
Cost for pre-anaesthetic consultation, preparation and First 30 minutes of anaesthesia	ONCE OFF
Time fee per 15 minutes after 30 mins	AS PER ESTIMATE

Time fees are charged per time interval or part thereof)

Possible additional amounts that will be added to the above costs in respect of common modifiers (not exhaustive) are:

Description	Applied
Age < than 1 year or > than 70 years old	ONCE OFF
Specialised pain control procedures (eg: Blocks, PCA)	ONCE OFF
Deliberate blood pressure control (eg: Liver surgery, sinus surgery, maxillo-facial osteotomies)	per 15 mins
Body Mass Index > 35kg/m ²	per 15 mins
Emergency first half hour	ONCE OFF
Emergency per 30 mins > half hour	per 15 mins
Ultrasound (for nerve blocks/ arterial/ central venous access)	ONCE OFF

INVOICE & PAYMENT:

I confirm my understanding:

- that the anaesthesiologist charges for her service independently from the surgeon and hospital.
- of the calculation of costs as presented above ("Cost Estimate") and agree to pay the fee determined by the anaesthesiologist according to those calculations. I may obtain a unique formal cost estimate from Dr Corbett or Precision Medical Solutions.
- that the fee is due and payable immediately on completion of service and receipt of final invoice.
- that I am personally responsible for payment and not my medical scheme.
- that medical insurance companies/ medical schemes offer cover at different rates. Dependent on my chosen scheme and plan, I may be reimbursed at between 30% and the full amount of the estimated cost
- that I am responsible for submitting any outstanding amounts not paid by my medical scheme to my gap cover, if I wish to claim for these amounts.
- that Dr Corbett is not a designated service provider (DSP) or "contracted to" any medical insurance company and therefore anaesthesia costs including those for prescribed minimum benefit (PMB) conditions may not be covered in full by my medical insurance.

NAME: _____

SIGNATURE: _____

PAYMENT

- I agree that interest will be charged in accordance with the National Credit Act under incidental debt up to 2% per month on accounts that have not been settled. I understand that payments on outstanding accounts shall be allocated in order: interest, costs then capital.
- I undertake to pay all legal, debt collection and tracing costs on the attorney and own client scale and 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 the nominated postal address or e-mail address is correct for the purpose of receiving an account.
- I hereby choose the nominated address as my DOMICILIUM CITANDI ET EXECUTANDI for all purposes under this agreement and I agree that any notice sent to the nominated address by prepaid registered post or e-mail will be deemed to have been received by me on the third business day after the posting or sending of it. Any notice received by me by any means and at any address will be valid for all legal purposes notwithstanding that it was not sent by registered post or to my DOMICILIUM CITANDI ET EXECUTANDI. Should I wish to change my DOMICILIUM CITANDI ET EXECUTANDI, I will give one week's prior written notice for such change to become effective.
- I nominate the party listed as "person responsible for payment of the account" as Guarantor who is aware of this responsibility.
- Guarantor particulars are listed herein or on the AIPA Anaesthetic Consent Form or SA Society of Anaesthesiologists Anaesthesia form.

- I understand that a guarantor does not absolve me from my responsibility for payment and that I am personally liable for the account and bound by the terms of this agreement.

CONFIRMATION:

1. I have received this consent form and "Anaesthetic Patient Information" form timeously. I understand the contents and agree.
2. I have had an opportunity to ask questions and obtain further information from my anaesthesiologist regarding this consent, anaesthesia and concerns specific to me and my activities.
3. I have been in possession of the anaesthesiologist's contact details, and have had an opportunity to contact her to discuss particular concerns regarding anaesthesia and the "Payment Agreement" outlined herein before the date of surgery.
4. I have no further queries or disputes relating to this consent or the "Payment Agreement". Specifically, alterations/ additions to this form are only valid if countersigned by both parties.
5. This Agreement incorporates the Anaesthetic Independent Practitioner Association (AIPA) Anaesthetic Consent form or SA Society of Anaesthesiologists Anaesthesia Form which shall have the same force and effect as if set out in the body of this agreement.
6. I have read, understood and agree to the contents herein. I confirm that I am 18 years of age or older and the particulars and all information furnished by me are in all respects true and complete.
7. Should I wish to complain/query my service received, I will contact Dr Corbett or ceo@sasaweb.co.za to escalate my complaint further.

Name & Surname: _____ Place: _____ Date: _____
 (Patient/ Guardian)
 Signature _____ Signature _____
 (Patient/ Guardian) (Anaesthesiologist)

The Parties record that it is not required for this Agreement to be valid and enforceable that a Party shall have its signature of this Agreement verified by a witness.

PATIENT DETAILS												
PATIENT FULL NAMES & SURNAME:										AGE:		TITLE:
DATE OF BIRTH/ ID NUMBER:								OCCUPATION:				
WEIGHT:		HEIGHT:			LAST FOOD: H		LAST FLUID: H		PREGNANT? YES/NO			
ALLERGIES:				SMOKING? No/ Yes ____ / DAY				ALCOHOL? NIL/ SOCIAL / MORE				
CURRENT DAILY MEDICATION/ HOMEOPATHIC MEDS:												
PREVIOUS ANAESTHETICS, WHEN & FOR WHAT:												
ANY ANAESTHETIC PROBLEMS OR FAMILY WITH ANAESTHETIC PROBLEMS?												
HAS THE PATIENT EVER HAD ANY OF THE FOLLOWING?												
HIGH BLOOD PRESSURE		YES	NO	DIABETES		YES	NO	ASTHMA/ BRONCHITIS/ EMPHYSEMA		YES	NO	
HEART DISEASE		YES	NO	THYROID PROBLEMS		YES	NO	BLADDER/ KIDNEY DISEASE		YES	NO	
STROKE/ TIAs/ BLACKOUTS		YES	NO	EPILEPSY		YES	NO	MUSCLE DISEASE		YES	NO	
SCOLINE APNOEA		YES	NO	PORPHYRIA		YES	NO	MALIGNANT HYPERTHERMIA		YES	NO	
EASY BLEEDING/ BRUISING		YES	NO	RECENT COLD/ FLU		YES	NO	ASPIRIN IN LAST TWO WEEKS		YES	NO	
FALSE, LOOSE, CROWNED OR CHIPPED TEETH/VENEERS?				YES	NO	HEARTBURN/ REFLUX?		YES	NO			
DOES THE PATIENT CONSENT TO A BLOOD TRANSFUSION IF REQUIRED?										YES	NO	
IS THERE ANYTHING ELSE YOU FEEL YOUR ANAESTHETIST SHOULD KNOW?												
PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT OF THE ACCOUNT												
NAMES & SURNAME:						TITLE:		RELATIONSHIP TO PATIENT:				
DATE OF BIRTH/ ID NUMBER:								OCCUPATION:				
POSTAL/HOME ADDRESS:						NAME AND CONTACT DETAILS OF NEXT OF KIN:						
CELL NUMBER:						SPOUSE TELEPHONE/ CELL NUMBER:						
TEL (HOME):				TEL(WORK):				FAX:				
E-MAIL ADDRESS:						BUSINESS/EMPLOYER NAME:						
MEDICAL AID/ INSURANCE NAME:						MEDICAL AID NO:						
MEMBER NAME:						AUTHORISATION NO:						
PLAN:						GAP COVER:		YES		NO		