DR SP JANSEN VAN VUUREN - UROLOGIST

MBChB(Pret), FC(Urol)SA, MMed(Stell) - Practice Number: 036 2611

NOTICE REGARDING REVISED PROFESSIONAL FEES 2026

1. All consultations and procedures are charged at insured rate

2. **Procedure co-payment:** Radical robotic prostatectomy where there is no payment arrangement in place = R10 000. Patient to be notified in writing prior to the procedure.

3. **Private Patients:**

First Consultations	:	R850	Ultrasound in rooms	:	R850
Urine flow test in rooms	:	R400	Follow up visits	:	R550

4. **Polmed / Fedhealth / Bonitas Boncap** : Although Life St Georges Hospital has not been appointed as a dsp-hospital for these medical aids for 2026, patients may still continue to make use of their services and will not be held liable for any payments relating to any non-dsp co-payments.

Please feel free to ask for a specific quote from the doctor or staff for any consultation or procedure discussed or planned. The doctor and practice reserve the right to charge for any paperwork requested by your third part insurer like pre- authorizations, motivations and chronic medication forms. Please address any queries directly with the staff or doctor.

Because of varying benefit designs and limits by the different medical scheme, it remains the patient's responsibility to validate with his/her insurer what procedures/procedure codes and tariffs are applied. Please inform the practice if there are any prerequisites (e.g. formularies, preferred providers) which you have to adhere to according to you medical scheme.

Even if the practice submits the account directly to a scheme, the patient will ultimately be liable for the full costs, interest (as specify in the National Credit Act) and any costs incurred in the recovery process (in the event of an account not being settled in full).

Should your scheme not be able to clarify at which rates you are insured at, submit your complaints to the Council for Medical Schemes. Council for Medical Schemes: 021-431 0550, www.medicalschemes.com .

I _____ hereby confirm that I have read and understand the billing policy and received a copy for my own record keeping.

Name: _____

Signature: _____ Date: _____

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