

Practice Payment Policy – Terms and Conditions

We are committed to providing quality, affordable healthcare and ensuring that the administration of this process is handled professionally and efficiently.

This practice charges rates according to the Discovery Health Premier B tariff structure, with one fee applicable to all patients.

Our billing codes are aligned with the 2022 published tariff code guidelines issued by the South African Dental Association (SADA).

The patient or legal guardian remains responsible for settling the full account for specialised medical services rendered within 30 days from the date of service.

- **Private patients:** The full account is payable on the date of service.
- **Medical aid insurance:** Your medical aid benefit is an agreement between you and your medical aid or insurance provider; this practice is not part of that agreement. You remain responsible for any outstanding balance, regardless of whether your medical aid pays the claim. For medical aid patients, the account will be submitted electronically on the date of service. Please follow up directly with your medical aid regarding payment.
- **Co-payments on consultations:** Co-payments are payable on the day of the appointment. If live feedback is not received from your medical aid fund, the full account for the consultation and X-rays must be settled on the day. A refund will be processed once the medical aid portion reflects in our bank account.
- **Payment of dental implant components:** Dr Viljoen requires upfront payment for dental implant components, as these items must be ordered and paid for on delivery.
- **GAP-cover claims:** This practice does not have agreements with any gap-cover providers. Your agreement with your gap-cover provider states that you, as the insured member, will be reimbursed for approved claims. Gap-cover payments may take up to three months to be processed and are paid directly to the insured member, not to the practice.
- **Account settlement:** The full account must be settled within 30 days from the date of service. If the medical aid does not settle the claim within 30 days, in accordance with the Medical Schemes Act 131 of 1998, Section 59(2), the patient must settle the full account and claim directly from the medical aid.
- **Non-covered services:** Please note that certain treatment options may not be covered by your medical aid plan. It is your responsibility to understand your insurance benefits. Please contact your medical aid or insurance provider should you have any questions regarding your cover.
- **Authorisations:** It remains the patient's responsibility to obtain the necessary authorisations for consultations, in-room procedures, or in-hospital procedures. Practice staff may assist by emailing the required documentation to your medical aid.
- **Non-payment:** If your account remains unpaid more than 30 days after the date of service, you will receive a Final Notice letter advising that the account must be paid in full within 10 days. Failure to do so may result in the account being handed over to an attorney for debt collection. You will be responsible for all legal fees incurred.

We appreciate your understanding and co-operation.