

## Anaesthetic Fee Structure

The fees that Anaesthesiologists charge are a summation of the preoperative consultation and a time based anaesthetic procedure fee. The consultation is needed to assess any patient risk factors and to enable planning of the anaesthetic management. The consultation fee makes up a significant percentage of our total anaesthetic fee and while this often seems inappropriate for patients the reasons are:

- Over the last decade there has been an unparalleled increase in consultations over procedure codes by the Medical Funders. Whilst the South African Society of Anaesthesiologists would have preferred a combined fee for the anaesthetic procedure and consultation this would have significantly disadvantaged us. For example the increase in procedures for 2005 was 5.2% whilst that for consultations is 17%.
- The fee for consultation has been calculated on a time base but this is erroneous for Anaesthesiologists as we are forced to assess patients often on the day of surgery (as most Medical Funders have blocked admission the night prior to major surgery) and in a limited time period prior to the commencement of the operating list. While the Anaesthesiologist may only spend 5-10 minutes with you this time is used effectively to assess your recorded medical history, to perform an examination to exclude any anaesthetic risk factors and to plan the nature of the anaesthetic.

If your procedure is either unbooked prior to the start of the list or an emergency then this type of case attracts an additional 'emergency fee' irrespective of the time of day. If the attending Anaesthesiologist needs to make a special trip to the venue where your procedure is booked this will attract an additional 'emergency travel' fee. These fees are included to remunerate Anaesthesiologists for the disruption to their planned workday and to encourage timely attendance at any emergency.

The North Gauteng High Court ruling of 2010 made the Reference Price List of 2009 and 2010 unlawful. There is therefore NO reference price list or 'medical aid rate' for 2011. The competition commission of South Africa has ruled that no independent medical specialists may agree on a fee or rate of remuneration for services rendered. This means that the South African Society of Anaesthesiologists can not even give guidelines as to what specialist Anaesthesiologists could or should charge for their services rendered. The Health Profession Council Of South Africa has made a press release that patients should be informed of the shortfall that may exist between

what a specialist may charge and what the medical funder is prepared to reimburse, but acknowledges that there is no reference for this fee. Each associate at Southern Anaesthetics Associates therefore has set his own rate for 2011, and there has been no collusion between associates. Some of the associates have “direct payment arrangements” with certain medical funders which caps the fees they are allowed to charge, and some do not. The onus is therefore on the patient to find out who is going to be their Anaesthesiologist, and to obtain a quote from them should they be worried that there may be a shortfall which they have to pay themselves. All quotes must be submitted 48h prior to the procedure on the following template (attachment included).

Additional points about quotations that are issued:

- This is an estimate only and is inclusive of VAT. This quote is valid for 2 weeks..
- This account is separate from that of the hospital and the surgeon.
- The quotation is for the proposed surgery only. In the unlikely event that complications arise that require further surgery, then additional costs may be incurred.
- The member is responsible for obtaining authorization from their own medical aid and to advise the practice thereof.
- There is no longer a “reference price list” and as from January 2011 each medical aid has set its own tariff. Your Anaesthesiologist has set his own rate, and this may very well be different to what your medical aid or insurance plan has chosen to be their rate of remuneration. You are personally responsible for determining what portion of the above quotation your medical aid will pay, and for settling the difference with your Anaesthesiologist
- Irrespective of the authorization of the procedure and the promises to pay by the medical aid, the account remains the sole responsibility of the patient and the main member.
- Most Doctors charge interest at 2% per month on all overdue balances over 30 days and patients must understand that the practice reserves the right to employ the services of a Credit Bureau to trace or list patients as a slow or delinquent payer should they not pay the full amount owed. Patients will be responsible for all legal costs involved in debt collection for unpaid accounts over 60 days.
- For the purposes of this agreement the hospital address is the “Domicillium citandi et executandi” and that it is your responsibility to inform the practice in writing of any change of address that may occur subsequent to the date of surgery.
- Please note that the quotes given are an approximate fee and is subject to change depending on the *duration* of the procedure; and should the patient have a Body Mass Index (*BMI*) higher than 35 .

- Code 0018 (Body Mass Index) is applied because the increase in body mass index adds to the difficulty of administering the Anaesthetic, the risk of the surgery and the difficulty experienced in the postoperative management

Other factors that could influence the eventual bill include but are not limited to:

- Should the patient be ventilated or admitted to intensive care
- Should the patient need specific or goal directed blood pressure control
- Should the patient require invasive monitoring
- Should the patient require a “patient controlled analgesic” control device
- Should the patient require a repeat or emergency operation
- Should the patient require a nasogastric tube
- Should the patient be older than 70 or younger than 1 year old
- Should the patient has systemic illnesses causing functional impairment
- Should the patient be operated on their head or neck
- Should the patient have to be placed in an abnormal position for surgery