

Consent/Indemnity/Fees charged

1. I hereby confirm that I am 18 years or over.
2. I hereby consent to .....receiving an anaesthetic for the operation / treatment of .....The nature of the anaesthetic including nerve blocks / invasive monitoring and its risks (including dental damage) have been explained to me.
3. Medical insurance plans offer different levels of benefit for anaesthetic services and range from full cover to only 33% dependent on the medical scheme and the choice of plan.
4. The anaesthetic fees are based on the cost of delivering a service and benchmarked to other professional services. I acknowledge that the anaesthesiologist will bill a time-based rate, and any quote assumes average surgical time, average complexity and excludes any ICU fee. The quoted co-payment (above that covered by your medical insurance plan) PER HOUR OF ANAESTHETIC TIME will be approximately R...../Hour
5. The account contract is with you (even if you are not the principal medical aid member) and as such you are liable for the full payment of the account (including the medical portion). Should the account not be settled within 60 days of the procedure, interest at a rate of 15.5% per annum will be charged. Should an attorney be appointed to recover overdue amounts you will be held liable for costs thereof on the Attorney and Own Client Scale.
6. I also consent to enquiries being made by the doctors staff to any Credit Bureau during the responsible party's indebtedness to the doctor.

I have read and understood and am in agreement with the above.

Signature.....Witness.....Date.....

ID Number.....Landline telephone.....