

A N A E S T H E T I C I N F O

CONSENT FORM



DOCUMENT INFO

Please read the whole document and complete all the information required. You can print and hand in this document to Dr Slave on the day of your surgery or alternatively email and attach the completed form to claims@dr-slave.co.za before the day of your surgery.

Going through this document and completing it is a PREREQUISITE for anaesthesia as per the ruling made by the Health Professions Council of South Africa (HPCSA).

PRACTICE INFO

Dr. M Slave Inc. is an independent Anaesthesiology Medical Practice run by Dr Slave, a Specialist Anaesthesiologist and proudly administered by MediBill.(Pty).Ltd (www.medibill.co.za). It is separate from the surgeon's practice. Specialist Anaesthesiologists are qualified medical doctors who have additionally undergone a minimum of four years specialist training to enable them to anaesthetise you for any operation.

CONTACT INFO

Email: claims@dr-slave.co.za
Website: www.dr-slave.co.za
Phone: (+27) 010 824 2076

PERSONAL INFO

During your hospital admission all your personal and medical information is used to compile a hospital admission form. The hospital admission form is kept in your hospital file to streamline the process of accessing the information by each service provider who will be involved with your stay at the hospital. More information about you will also be captured in this document.

For Dr Slave to provide you with the highest standard of care, access to your personal information will be required. The information will be used for the purposes of establishing correspondence with you as well as your medical aid for billing purposes. The information will ONLY be available to Dr Slave's practice administration department and your medical aid and will NOT be shared with any other third parties. This information will be kept in strict accordance with the Protection of Personal Information Act (POPIA), No.4 of 2013.

Dr Slave's administration department will keep your information only for as long as it's needed given the purpose for which it was collected or as required by law and any other statutory obligations. You can contact us on privacy@dr-slave.co.za should you wish to verify the information we have about you or want to update/change it. Submitting of any complaints about the processing of your information can be done to the same email address.

ANAESTHESIA RISKS

Please note that it is NOT possible to guarantee a risk free anaesthetic, however Dr Slave is committed to providing the highest standard of care to you at all times. Dr Slave is well trained to deal with any complications that may arise due to reactions to anaesthetic drugs, underlying medical diseases, complications with procedures that have to be performed, or complications due to the surgery itself.

The following list covers some of the complications that may occur under anaesthesia, post operatively or due to side effects or interactions of post-operative medication

Common (1-10% of cases) Minimal or no treatment usually required	Rare (Less than 1 in 1000 cases) May require further treatment	Very Rare (1 in 10,000 to 1 in 200,000 cases) Often serious with long-term damage	Brain damage or Death (Less than 1 in 250,000 cases)
Nausea & vomiting	Injuries to teeth, crowns, lips, tongue and mouth	Eye injuries	Due to any other complication getting more severe
Sore throat	Hoarse voice, voice changes	Nerve injuries causing paralysis	Heart attacks
Shivering or feeling cold	Vocal cord injuries	Awareness of the operation	Emboli (clots)
Headache	Painful muscles	Bleeding	Lack of oxygen
Dizziness	Difficulty in urinating	Stroke	
Itching	Difficulty breathing	Allergic reactions or anaphylaxis	
Pain during injection of drugs	Visual disturbances	Unexpected reactions to anaesthetic drugs	
Side effects or interactions of post-operative medication	Worsening of underlying medical conditions like diabetes, asthma or heart disease	Inherited reactions to drugs (Malignant hyperthermia, Scoline apnoea, porphyria)	
Swelling or bruising at the infusion site	Pressure related injuries	Lung infection	
Confusion or memory loss			

PROCEDURE RISKS

The following list covers some of the complications that may arise due to procedures that may be performed during your anaesthetic

Procedure	Complication
Intravenous line	Pain, swelling, bleeding, inflammation, infection, clots, repeated insertions
Central line for monitoring or therapy	Pain, swelling, bleeding, inflammation, infection, clots, repeated insertions, puncture of lung, artery or nerve
Arterial line for specialised monitoring	Pain, swelling, bleeding, inflammation, infection, repeated insertions, loss of blood flow to the hand leading to death of fingers
Airway Management	Damage to lips, teeth, tongue, palate, throat, vocal cords, hoarseness, inhalation of stomach contents (aspiration), pneumonia, obstruction of breathing, failure to maintain the airway requiring an operative procedure
Nerve blocks, spinal or epidural injection	Back pain, Non-resolving headache, nerve damage, paralysis, headache, nausea, vomiting, infection, dizziness, shortness of breath, chest pain, pneumonia, seizures, drug toxicity, failure of technique with conversion to general anaesthetic

GENERAL INFO

To limit the risk of the procedure:

a) You need to be starved for all anaesthetics and sedation for your safety. No food or liquids (excluding clear fluids) may be taken by mouth for at least six (6) hours before the anaesthetic or sedation

b) Water or apple juice may be taken up to two (2) hours before the anaesthetic

c) It is against the law to drive a motor vehicle or operate heavy machinery within 24 hours after the anaesthetic

d) It is recommended that no alcohol be taken and no important decisions made within 24 hours after the anaesthetic

e) Medical History – You will be required to complete a medical questionnaire before your procedure. Please bring information on any medical conditions you may have when you are admitted.

f) Medication – Bring your current medication to the hospital if there is any chance that you will be staying overnight or need to take this medication while in the hospital. Bring a list of any medication that you are currently on or have taken in the past 3 months. (including homeopathic and natural products).

Take your routine medication as normal. (If you are taking Warfarin, Aspirin, Plavix or any other blood thinners, please ask your doctor when you should stop these before the operation)

g) Timing of Procedure – Your procedure may be hours after the scheduled start time due to various circumstances. If you are admitted later than the start time of a list, you may only see Dr. Slave in the theatre waiting area.

h) If you have a medical condition or want to discuss anything with Dr Slave please either make contact before the day of surgery or ensure you are admitted to the ward at least one hour before the start of the list.

COMPLAINTS/COMMENTS

Should you wish to complain or comment on Dr. Slave's anaesthetic or billing experience, the following procedure is in place.

1. Send an email to claims@dr-slave.co.za or call our offices on (+27) 010 824 2076
2. Should your complaint not be resolved to your satisfaction, complaints can be forwarded to the South African Society of Anaesthesiologists (SASA) at sasa@sasaweb.co.za (Website: www.sasaweb.com).
3. Should the processes of SASA not resolve your complaint, your complaint can be forwarded to the Ombudsman of the Health Professions Council of South Africa (HPCSA).

BILLING INFO

The fees charged by Dr Slave 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).

You will receive accounts from the hospital, surgeon, other service providers and a completely separate account from the anaesthesiologist, Dr Slave.

Dr Slave charges 217% (Discovery Classic Direct Rate), however, co-payments may apply if medical aid does not cover the full percentage. Unsettled claims remain the members responsibility.

Dr Slave's account consists of a consultation fee; a time-based fee – the rate of which is related to the predetermined associated complexity of the procedure; additional modifiers related to anatomical location, positional requirements and patient risk factors; and a fee for additional procedures or interventions performed by Dr Slave. Explanation of the codes on the account can be obtained from the Board of Health Funders (011 537-0200).

Authorisation or approval from your Medical Aid Scheme does not guarantee that they will settle your bill in full.

The total amount may NOT be covered by your medical aid. As all medical insurance companies offer cover at different rates your medical aid will reimburse you for your anaesthetic account at a rate based on the plan you have selected and the rules of the medical aid fund.

This can vary from 30% (Scheme rate x 100% plans) to 100% (Scheme rate x 300% plans) of the amount charged.

An account may be sent to your medical aid to help with your claim, but you remain personally responsible for payment of the account. The fee is due and payable immediately on completion of service.

INFORMED CONSENT

I confirm that:

- 1) I have read all the pages of this document and I undertake to ensure that my concerns are adequately addressed and that I am afforded the opportunity to ask questions before undergoing the procedure
- 2) I understand that Dr Slave, a qualified Specialist Anaesthesiologist, will take responsibility for my peri-operative care
- 3) I understand that during the procedure, my physical and surgical conditions may alter and require changes in the management of my anaesthesia. This will be done with my safety as the first consideration
- 4) I understand that the transfusion of blood and/or other blood products may be required during the procedure. (if you refuse the administration of blood products, please inform Dr. Slave)
- 5) I understand that an incident-free anaesthetic cannot be guaranteed
- 6) I understand that anaesthetic staff and equipment are supplied by the hospital and cannot be guaranteed by Dr Slave. Equipment is however checked daily by the hospital.
- 7) I understand that no guarantee can be given regarding my response to drugs administered during the anaesthetic.
- 8) I understand that receiving anaesthesia will have certain risks and have read and understood the risk information contained in this document.
- 9) I am aware that the rates charged by this practice are not necessarily in accordance with my own medical scheme's rates.
- 10) I am aware that Medical Insurance plans offer different levels of benefit for anaesthetic services that may range from minimal to full cover, dependent on the medical aid scheme and the choice of plan
- 11) I agree to pay the fee uniquely determined by Dr Slave as required by the anti-competitive rules established by the Department of Trade and Industry for the Health Industry
- 12) I acknowledge that Dr Slave will bill a time-based rate, and any quote assumes average surgical time, average complexity and may include ICU fees as well as post-operative pain management and modifiers such as body-mass index (BMI), etc.
- 13) I understand that this account is completely separate from that of the hospital, casualty, the Surgeon, and any other medical accounts
- 14) I understand that I remain personally responsible for the payment of this account as per this agreement. I understand that I may have a separate agreement with my medical aid, which may not fully re-imburse me. Upon payment a receipt will be issued on request to enable me to claim a refund from my medical aid
- 15) I consent to the access of my personal and medical information for use by Dr Slave and Dr Slave's administration department, the billing practice and medical aid.
- 16) In the event of my account being handed over for collection, I accept that the account information and details will be shared with credit bureaus without the anaesthesiologist incurring any liability.
- 17) I consent in terms of Section 45 of the Magistrate's Court Act that any legal proceedings to do with this account may be instituted in the Magistrate Court, Randburg.
- 18) I also 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. (Information will be kept confidential within the SASA CEO, Private Practice and Regulation business units).
- 19) I confirm the address noted as my domicilium citandi et executandi for service of any court documents or processes that may be necessary, and undertake to inform the accounts department within 7 days of any change.
- 20) There can be no unilateral changes made to this agreement

Signed By:..... On

Residential Address:

Signature..... Relationship to Patient