

# OTHER FORMS

# Talk2

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H e r m a n u s

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www.talk2.co.za



DR NAME

QUALIFICATIONS  
SPECIALITY  
PR. NO. 0000000000000000

DATE

PROFORMA INVOICE NUMBER

PATIENT DETAILS

Account number	Hospitalized (Y / N)	
Name:	Auth No:	
Charge code (mark with X)	ICD 10 Code:	Diagnosis
<input type="checkbox"/> Private	Other:	Max med

CONSULTATIONS

PROCEDURES IN ROOM

New & established patient follow up consultation	0191
Emergency consultation from rooms	0147
Consultation away from doctors rooms	0145
First hospital consultation	0173
New & established 1st consultation rooms	0190
Telephone consultation (all hours)	0130
Hospital follow-up consultation	0109
Doppler	3637

Setting of sterile tray	0202
Pelvic organs ultrasound	5100
Routine obstetric ultrasound	3615
Obstetric ultrasound	3617
Ultrasound film	0084
Urine dipstick	4188
Gloves powder free 553287	
Acutest pregnancy test 837911	
IUD	2442

PROCEDURES IN THEATRE

Assistant Dr.	0009
Specialist assistant Dr.	0008
BMI: Length: Weight	0018

Emergency procedure	0011
Theatre time: In: Out: Total mins:	
Multiple therapeutic procedures/operations	0005

Bartholin gland: abscess marsupialisation	2295
Cervix encirclage: McDonald stitch	2409
Colposcopy (excluding after-care)	2429
Cone biopsy: Cervix (excluding after-care)	2405
Cryo- or electro cauterisation, or Lietz of cervix	2395
Destruction of condylomata	2318
Dilatation and curettage (D&C)	2443
Ectopic pregnancy under 12 weeks (salpingectomy)	2489
Evacuation of uterus, incomplete abortion: After 12 weeks gestation	2447
Evacuation of uterus, incomplete abortion: Before 12 weeks gestation	2445
Examination under anaesthetic	2313
Excision of cysts or tumours	2319
Global obstetric care: All inclusive fee for caesarean section	2615
Global obstetric care: All inclusive fee that includes all modes of vaginal delivery	2614
Hysterectomy (subtotal)	2469
Hysterectomy (total abdominal)	2473
Hysterectomy (total abdominal) - ureterolysis	1901
Hysteroscopy (excluding after-care)	2436
Hysteroscopy and D&C (excluding after-care)	2437
Hysteroscopy and division of endometrial and endocervical bands	2439
Hysteroscopy and myomectomy	2441
Hysteroscopy and polypectomy	2440
Hysterectomy and removal of uterine septum	2438
Intrapartum obstetric care	2616
Laparoscopy: Plus ablation of endometriosis	2500
Laparoscopy: Plus aspiration of a cyst	2496
Salpingostomy	2485

Laparoscopy: Plus biopsy	2499
Laparoscopy: Plus cauterisation and/or lysis of adhesions	2501
Laparoscopy: Plus laparoscopic uterosacral nerve ablation	2505
Laparoscopy: Plus ovarian drilling	2503
Laparoscopy: Plus sterilisation	2497
Laparotomy	1809
Myomectomy	2467
Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy	5106
Other operations for prolapse: Anterior repair with or without posterior repair	2367
Removal of cervical polyps (excluding after-care)	2425
Removal of ovarian tumour or cyst	2527
Salpingectomy: Uni or bilateral or sterilisation for accepted medical reasons	2492
Secondary perineal repair: Repair second degree tear	2279
Secondary perineal repair: Repair third degree tear	2280
Ultrasound after 24 weeks - motivation required	5107
Ultrasound in pregnancy, multiple gestation, after twenty weeks: Plus 30%	5104
Vaginal hysterectomy & repair for total	2361
Vaginal hysterectomy: With repair	2345
Vaginal hysterectomy: Without repair	2343
Vulva and introitus: Drainage of abscess	2293
Caesarian - Hysterectomy	2653
Diagnostic Laparoscopy	2493
Add to open procedure (Laparoscopies) Not 2493	1807
TVT	2548
Travel expenses over 16km	5003

Pasiënt:..... No:..... Datum:.....

Prosedure:.....

Deurligting: Ja  Nee

Artroskoop: Ja  Nee

Kodes: .....

Stelle: .....

Tydsduur: ..... Teater

Ongevalle

Narkose: Algemeen  Lokaal

Wie:.....

Risiko: .....

Assistent: Ja  Nee

Wie: .....

\_\_\_\_\_  
Doctor's namet

Pasiënt:..... No:..... Datum:.....

Prosedure:.....

Deurligting: Ja  Nee

Artroskoop: Ja  Nee

Kodes: .....

Stelle: .....

Tydsduur: ..... Teater

Ongevalle

Narkose: Algemeen  Lokaal

Wie:.....

Risiko: .....

Assistent: Ja  Nee

Wie: .....

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Doctor's namet

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Kodes: .....

Stelle: .....

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Ongevalle

Narkose: Algemeen  Lokaal

Wie:.....

Risiko: .....

Assistent: Ja  Nee

Wie: .....

\_\_\_\_\_  
Doctor's namet

Pasiënt:..... No:..... Datum:.....

Prosedure:.....

Deurligting: Ja  Nee

Artroskoop: Ja  Nee

Kodes: .....

Stelle: .....

Tydsduur: ..... Teater

Ongevalle

Narkose: Algemeen  Lokaal

Wie:.....

Risiko: .....

Assistent: Ja  Nee

Wie: .....

\_\_\_\_\_  
Doctor's namet



DR NAME

QUALIFICATIONS

SPECIALITY

PR. NO. 00000000000000

PATIENT DETAILS or Medi-Clinic Hospital Sticker	
Name:	

Treating Dr:	Yes	No	
Patient Type:	COID	MEDICAL AID	PRIVATE
Account #:	File #:		
Service Date:			
Referring Dr:			
Auth #:			
Hospitalised:	Yes	No	

Tariff charged:	STD	MEDICAL AID	COID	PRO DEO
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**OTHER**

PMB Condition	Yes	No	PMB Registered:	Yes	No	PMB Registration Number:	
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**DIAGNOSIS**

ICD10 Code:	Description
CPT Code:	Description
SADA Code	Description

**CONSULTATIVE SERVICES**

Description	Code
New / Established patient (Short)	0190
New / Established patient (Moderate)	0191
New / Established patient (Long)	0192
First Hospital Consultation	0175
Away from rooms	0145
Unscheduled Emergency at rooms	0146
For emergency or unscheduled away	0147
Hospital follow-up	0109
Repeat Scripts	0132
Motivations	0133
Chronic Forms	0199
ECG interpretation	1231
ECG no effort	1232
ECG with effort	1235
Lung function	1186

Description	Code
Lung function	1188
ICU / High Care - Cat1 per day	1204
ICU / High Care - Cat2 First day	1205
ICU / High Care- Cat2 subsequent	1206
ICU / High Care - Cat2 after 2 weeks	1207
ICU / High Care - Cat3 first day	1208
ICU / High care - Cat3 1st day (team)	1209
ICU / High Care - Cat3 sub day	1210
CPR	1211
TPN	1219
Ventilation - First day	1212
Ventilation - Subsequent days / day	1213
Ventilation - After 2 weeks per day	1214

**PROCEDURES**

Description	Code
Intubation	1117
Arterial Line	1215
CVP via peripheral line	1217
CVP via central line	1218
Lumbar Puncture	2713

Description	Code
Intercostal drain	1141
Diagnostic chest paracentesis	1143
Therapeutic chest paracentesis	1145
Continuous haemofiltration	1852
Lymph node aspiration	0316

**MODIFIERS**

Description	Code
Surgical modifier BMI>35	0018
Height	
Weight	

Description	Code

**MEDICINE & MATERIALS**

Description	Nappi	Qty
Urine Dipstick, per stick	4188	
Glucose: Quantitative	4057	
Disc Electrode ECG	514866 004	
Breathing Filter	463586001	

Description	Nappi	Qty

**OTHER**

Description	Code


# ANAESTHESIA FORM

LEES ASSEBLIF AFDELINGS A, B, C, & D, VUL GEGEWENS IN, TEKEN EN OORHANDIG AAN DIE ANESTESIOLOOG

L.W. AFDELING C. MOET INGEVUL WORD DEUR DIE REKENINGPLIGTIGE

PLEASE READ AND COMPLETE SECTIONS A, B, C, & D, SIGN BELOW AND HAND TO THE ANAESTHESIOLOGIST

**N.B. SECTION C. MUST BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE ACCOUNT.**

## PASIENT:

- A1. Ek begryp dat 'n insidentvrye narkose nie gewaarborg kan word nie.  
A2. Ek begryp dat teateroerusting en personeel deur die hospitaal verskaf word. Narkosetoerusting word daaglikse getoets.  
A3. Ek onderneem om nie alkohol te gebruik, 'n motorvoertuig te bestuur of enige gevaarlike toerusting te hanteer, belangrike besluite te neem of dokumente te teken vir 'n tydperk van 24 uur na narkose toegedien is nie.  
A4. Ek verleen die toestemming dat my persoonlike inligting bekend gemaak mag word aan belanghebbende instansies, soos deur die wet bepaal, asook anonieme data vir 'n kliniese en praktykbesturende aard wat tot die bevordering van die pasiënt se welstand mag bydra.

## BETALING:

- A5. U narkose rekening is totaal onafhanklik van enige ander rekening wat deur die hospitaal of chirurg uitgereik word.  
A6. Die koste (beraming) vir die narkose was met my bespreek.  
A7. Die koste (beraming) soos uiteengesit in deel C is gebasseer op hoe lank die prosedure sal duur en mag verander weens onvoorsiene omstandighede of onverwagte komplikasies.  
A8. U is persoonlik verantwoordelik vir betaling van u rekening en nie u mediese fonds nie. U mediese fonds mag dalk nie die hele bedrag dek nie, afhangend van die mediese fonds en die plan opsie wat u gekies het.

Ek verklaar dat ek by my volle verstand is ten tyde van ondertekening en dat ek dit uit vrye wil doen. Hiermee gee ek toestemming vir narkose vir myself.

## PATIENT:

- A1. I understand that no one can guarantee an incident free anaesthetic.  
A2. I understand that the theater staff and equipment are supplied by the hospital. Anaesthetic equipment is checked on a daily basis.  
A3. I agree not to drink alcohol, drive a car, or operate any dangerous equipment, make important decisions or conclude agreements for 24 hours after recovering from anaesthesia.  
A4. I agree to allow my personal data to be forwarded to the relevant organisations as required by law and to allow anonymous data of a clinical and practice management nature, to be collected to help improve the patient's healthcare experience.

## PAYMENT:

- A5. Your Anaesthetic account is rendered completely independently from the accounts rendered by the hospital and the surgeon.  
A6. The make up of the cost estimate for the anaesthetic service has been discussed with me.  
A7. The cost estimate as set out in section C is time-based and may change as a result of unforeseen circumstances and unexpected complications.  
A8. You are personally responsible for payment and not your medical scheme. Your medical scheme may not cover the full amount of your account, depending on the medical scheme and plan option which you have chosen.

I declare that I am of sound mind at the time of signing this agreement and that I am not under duress. I hereby give permission for anaesthesia on myself.

I am personally responsible for payment and not my medical aid. - In the event of divorce the parent accompanying the minor is responsible for settlement of the account. • In the event of any legal action being instituted against me for recovery of any amount whatsoever, I shall be liable for all legal costs including admin costs and a 20% advoim fee on each instalment paid. If the matter is defended, I will be liable for legal costs incurred on an attorney/client scale. • The policy of the operation of this practice has been explained to me verbally. Once my account has been handed over there will be no further correspondence entered into with the practice. All correspondence will be with Absolute Debt Solutions or LEXMED. • The National Credit Act 34 of 2005 is not applicable to this claim.  
I, the undersigned, hereby choose my above address as my domicilium citandi et excutandi for all purposes under this agreement. I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS MENTIONED ABOVE. I CONFIRM THAT THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT.

Signed:

Date:

Geteken:

Datum:

PASIENT VAN:  
PATIENT SURNAME:  
VOLLE VOORNAME:  
FIRST NAMES:

GEB. DATUM:  
BIRTH DATE:

MEDIESE FONDS:  
MED FUND:  
MAGTIGINGS Nr:  
AUTHORISATION No:

NOMMER:  
NUMBER:

GAPINGDEKKING:  
GAP COVER:

VOORLETTERS:  
INITIALS:

POSADRES:  
POSTAL ADDRESS:

POSKODE:  
POSTAL CODE:

I.D. Nr:  
ID No:

SEL:  
CELL:

TEL WERK:  
TEL HOME:

FAKS:  
FAX:

WOONADRES:  
RES. ADDRESS:

WERKGEWER:  
EMPLOYER:

ADRES:  
ADDRESS:

E-POS:  
E-MAIL:

FAMILIE/VRIEND:  
FAMILY FRIEND:

E-POS:  
E-MAIL:

KOSTE BERAMING:  
COST ESTIMATE:

TEL:

HOSPITAAL/HOSPITAL:

CHIRURG/SURGEON:

PROSEDURE/PROCEDURE:

NARKOSETYD: VAN: TO: MIN MIN

ANAESTHETIC TIME: FROM: TO: MIN MIN

ASA 0039 MIN

543 0011 MIN

0173 0145 0146

0147 0151

KODE: ICD 10

ASA 0039 MIN

543 0011 MIN

0109 544

0026 1204

0032 1215

0034 1218

0038 1220

0042 1221

0043 1780

0044 2800

0019 2801

0018 2802

2804

5103

HOSPITAAL/HOSPITAL:

CHIRURG/SURGEON:

PROSEDURE/PROCEDURE:

NARKOSETYD: VAN: TO: MIN MIN

ANAESTHETIC TIME: FROM: TO: MIN MIN

ASA 0039 MIN

543 0011 MIN

0173 0145 0146

0147 0151

KODE: ICD 10

ASA 0039 MIN

543 0011 MIN

0109 544

0026 1204

0032 1215

0034 1218

0038 1220

0042 1221

0043 1780

0044 2800

0019 2801

0018 2802

2804

5103

**AMPTELIK / OFFICIAL  
PLAK HOSPITAAL PLAKKER HIER  
PASTE HOSPITAL STICKER HERE**

Xpedit agrees to maintain the confidentiality of any confidential information that the patient grants Xpedit access to and undertakes to utilise the said confidential information for the purpose of rendering of accounts only.

Xpedit onderneem om die vertroulikheid van enige vertroulike inligting waartoe die pasiënt Xpedit toegang verskaf te handhaaf en onderneem om die gemelde vertroulike inligting selegs te gebruik vir die lewering van rekenings.

