DR TEMBISA TINI

SPECIALIST OBSTETRICIAN AND GYNAECOLOGIST

PREGNANCY CARE - TERMS, FINANCIAL RESPONSIBILITY & CONSENT

For antenatal care, delivery planning and pregnancy-related services

Please read carefully, ask questions where needed, initial the key acknowledgements and sign the declaration.

1. Patient and pregnancy details

FULL NAME _____

ID / PASSPORT NO. _____

ESTIMATED DUE DATE _____

CURRENT GESTATION _____

MEDICAL SCHEME _____

MEDICAL SCHEME NO. _____

MOBILE NUMBER _____

EMAIL ADDRESS _____

2. About this agreement

This document records the practice terms that apply to pregnancy-related consultations, antenatal care, delivery planning and associated services provided by Dr Tembisa Tini Inc. It is intended to make the practice arrangements, financial responsibilities and communication expectations clear before care proceeds.

Important: Clinical care is always guided by the circumstances at the time. Nothing in this form limits a patient's right to ask questions, seek a second opinion, request referral or receive appropriate emergency care.

3. Practice fees and financial responsibility

- Practice fees may be reviewed from time to time, including annually. Current consultation, delivery and procedure fees should be confirmed with the practice. A written quotation for a specific planned procedure or service will apply according to its stated terms.
- You remain responsible for the account for services provided to you, including consultations, pregnancy care, deliveries and procedures, regardless of the amount reimbursed by your medical scheme or insurer.
- If your medical scheme or insurer delays, rejects or only partially pays a claim, you remain responsible for any amount lawfully due to the practice. Any overdue-account interest, administration or collection charges will be applied only in accordance with the practice billing policy and applicable law.
- If you are a dependant on a medical scheme, you should ensure that the principal member is aware of the expected costs and any financial arrangements relating to your care.

4. Medical scheme, benefits and pre-authorisation

Medical-scheme membership does not guarantee full payment of the practice account. You are responsible for confirming your available maternity benefits, network requirements, co-payments and exclusions, and for obtaining any required hospital or procedure pre-authorisation. The practice will provide reasonable supporting information, quotations and clinical codes where appropriate to assist with this process.

5. Delivery planning, hospital arrangements and covering doctors

The practice will advise you of the hospital or facility arrangements applicable to your planned delivery and of any relevant admission requirements. Delivery plans may need to change for clinical, operational or emergency reasons.

Dr Tembisa Tini may not always be personally available for every consultation, labour, delivery or emergency. Where necessary, a suitably qualified covering or locum doctor may provide care. This may include a male doctor. Where practicable, the practice will explain the covering arrangement, but emergency care will not be delayed when immediate clinical attention is required.

6. Privacy, records and information sharing

Your consultations and pregnancy-related care are recorded in your clinical record, which may be stored electronically. Personal and health information is treated as confidential and processed for healthcare, administration, billing and other lawful practice purposes.

Relevant information may be shared with healthcare professionals involved in your care, hospitals, laboratories, radiology providers, medical schemes or insurers where necessary for treatment, referral, authorisation or claims administration. This may include the use of ICD-10 and procedure codes.

7. Communication and emergencies

Routine administrative and clinical communications should use the channels provided by the practice. SMS, WhatsApp, email and website messaging should not be relied on for urgent or emergency medical care unless the practice has specifically designated a channel for that purpose.

For urgent pregnancy concerns or an emergency: use the emergency contact process provided by the practice or attend the appropriate emergency / maternity unit. Do not wait for a reply to a routine electronic message.

8. Key patient acknowledgements

Please initial each item after reading it. If you do not understand or agree with an item, discuss it with the practice before signing.

ACKNOWLEDGEMENT	INITIALS
Fees and account I understand that I am responsible for fees charged for care provided to me, including amounts not paid by my medical scheme or insurer.	_____
Medical-scheme benefits I understand that I must confirm my maternity benefits, network rules, co-payments and pre-authorisation requirements with my medical scheme.	_____
Covering doctors I understand that a covering or locum doctor may provide care	_____

ACKNOWLEDGEMENT	INITIALS
when Dr Tembisa Tini is unavailable, including during labour, delivery or an emergency.	
Hospital / facility arrangements I understand that the practice will advise me of the applicable delivery facility arrangements and that these may change if clinically or operationally necessary.	_____
Privacy and records I understand that my health information will be recorded and processed for my care and lawful practice administration.	_____
Information sharing I consent to relevant clinical information being shared with healthcare providers and authorised parties involved in my care, authorisation or claims administration.	_____
Electronic communication I understand that routine electronic communication is not an emergency service and I must use the designated emergency process for urgent concerns.	_____
Choice of care I confirm that I have chosen to receive care from this practice voluntarily and understand that I may ask questions, seek a second opinion or request a referral.	_____

9. Questions or special arrangements

Record any agreed special arrangement, exception or clarification here. Any financial or practice-policy exception should be confirmed in writing by an authorised practice representative.

_____

_____

10. Patient declaration

By signing below, I confirm that I have read and understood this form, have had an opportunity to ask questions, and accept the practice arrangements described above. I confirm that the information I have supplied is true and correct to the best of my knowledge.

PATIENT NAME

_____

ID / PASSPORT NO.

_____

PATIENT SIGNATURE

_____

DATE

_____