DR TEMBISA TINI

SPECIALIST OBSTETRICIAN AND GYNAECOLOGIST

MBChB (WSU), FCOG (SA), MMed O+G (UFS)
Practice Number: 0766909

2026
PRIVATE PATIENT
FEE GUIDE

A NOTE TO OUR PATIENTS

We are committed to providing the highest quality antenatal care and delivery services. Due to rising costs, our billing rates have been adjusted for 2026 in line with National SASOG/GMG recommendations.

CONSULTATIONS

Primary consultation	**R2,400**
Follow-up consultation	**R1,700**

DELIVERY AT A GLANCE

NORMAL VAGINAL DELIVERY

R29,500

Total doctors' fees: Dr Tini + Paediatrician.
Includes 1 night stay; home the next day.
Excludes complications.

CAESAREAN SECTION

R43,000

Total doctors' fees: Operating Doctor + Assistant Doctor + Paediatrician + Anaesthetist.
Includes 2 nights stay.
Excludes hospital fees and complications.

DELIVERY SERVICES + ADDITIONAL FEES

Natural Vaginal Delivery (NVD)	2614	**R26,000**
C/S Delivery	2615	**R26,000**
Twins		**R3,000**
Assistant Doctor	0009	**R3,000**
Anaesthetist		**R10,500**
BMI (BMI >35)	0018	**Varies**
Paediatrician		**R3,500**
Emergency Fee		**R2,000**

PLAN AHEAD

We strongly advise settling the amount before delivery, ideally by **32-34 weeks of pregnancy**.

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PRIVATE PATIENT FEE GUIDE

IMPORTANT INFORMATION

01 The above fees are estimates and may change periodically.

02 Body Mass Index (BMI) is the international standard for measuring the weight of a patient based on height and weight. The doctor may, at her discretion, include it in her fees.

03 Hospital fees are determined by the hospital, and Dr Tembisa Tini Inc. does not have control over their services or pricing.

04 You are advised to obtain all necessary quotations from the respective entities before delivery.

05 The price list is subject to change.

06 Failure to settle your account may result in the handover of your account to debt collectors, which could incur additional costs and affect your credit rating.

PATIENT DECLARATION

I, _____ (name), hereby confirm that I have read and understood Dr Tembisa Tini Inc.'s fee structure. I acknowledge and agree to the following:

• I am responsible for settling my account as outlined.
• I understand that failure to settle my account in a timely manner may result in my account being handed over to debt collectors, which could incur additional costs and affect my credit rating.
• I commit to making all necessary payments as per the guidelines provided.

_____ _____

SIGNATURE SIGNATURE DATE

PAYMENT DETAILS

BANK
Investec

BRANCH CODE
580105

ACCOUNT NAME
Dr Tembisa Tini Inc

REFERENCE
Patient Surname and Name

ACCOUNT NUMBER
1001 2790 233

PROOF OF PAYMENT
accounts@drtini.co.za

BRANCH
100 Grayston Drive, Sandton

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