Consent to Anaesthesia

1. I confirm that I have been informed of the purpose of anaesthesia and that the risks and complications generally associated with anaesthesia have been explained to me. I have been afforded the opportunity to ask questions regarding my anaesthesia. I understand the anaesthetic options offered to me and have made my choice.
2. I understand that no one can guarantee an incident-free anaesthetic.
3. I understand that there is equipment and theatre staff supplied by the hospital which cannot be guaranteed by the anaesthesiologist.
4. I agree not to drink alcohol, drive a car, utilise social media, be responsible as a sole care provider for infants/small children**,** operate any dangerous equipment, make important decisions or sign contracts for 24 hours after recovering from anaesthesia.
5. I authorize the release of any clinical information, including my HIV status, to any member of the medical and paramedical profession responsible for my safety and treatment.
6. I agree to allow my personal data to be collected and shared with the relevant organisations as required by law, and allow anonymous data of a clinical and practice management nature, to be collected in the interests of improving patient healthcare.
7. I agree to allow my personal data to be collected and shared for administrative purposes with the institution or professional practice concerned. This consent extends to responsible third parties acting as service providers to the institution or professional practice concerned.
8. In the event of any claim, complaint or grievance, I shall, prior to taking any legal action, promptly initiate a free and confidential pre-mediation meeting with an accredited mediator appointed by the South African Society of Anaesthesiologists (SASA).

Payment

1. I hereby confirm I am 18 years old, or older, the legal guardian of the patient, the patient or the guarantor.
2. I understand that the anaesthetic account is rendered completely independently of the accounts rendered by the hospital and surgeon.
3. I understand that the account contract is with me (even if I am not the principal medical aid member) and as such I am liable for the full payment of the account (including the medical scheme portion).
4. I understand that medical insurance plans offer different levels of benefit for anaesthetic services and range from full cover to only 33% of the total cost, dependent on the medical scheme and choice of plan.
5. I understand that the anaesthetic fees are based on the cost of delivering a service and are benchmarked to other professional services. I acknowledge that the anaesthesiologist will bill a **time-based rate** and any estimation assumes average surgical time, average complexity and excludes any modifier or procedure fee.
6. I understand that any co-payment (above that covered by my medical scheme plan) will depend on my medical scheme and my particular choice of plan from that scheme.
7. I agree that interest will be charged in accordance with the National Credit Act under incidental debt up to 2% per month on accounts that have not been settled. I understand that payments on outstanding accounts shall be allocated in the following way: interest, cost and then capital.
8. I understand that should an attorney be appointed to recover overdue amounts, that I will be held liable for costs thereof on the Attorney and Own Client Scale. This also includes collection charges, tracing fees and VAT where applicable.
9. I consent to sharing information on my account with other credit grantors and with the Credit Bureau.
10. I confirm that the nominated postal address is correct for the purposes of receiving the account. Should my postal address change, I undertake to immediately notify you of such change.
11. I have read, understood and am in full agreement with the above.
12. I agree that I have not signed this consent under duress or under the influence of any substance including an anaesthetic premedication.

Patient sticker

Name:

ID no:

Email address:

Medical Aid:

Memb no:

Signature (patient/guardian/custodian): _____

Place: _____

Date: _____