

PAYMENT POLICY, TERMS & CONDITIONS OF VISITING THE PRACTICE AND RECEIVING HEALTH CARE AND RELATED SERVICES AT OR FROM THE PRACTICE

Thank you for choosing Robin's Perfect Health Pty Ltd for your health care needs. The patient financial policy has been developed to assist in answering your questions regarding patient and medical scheme responsibility for services rendered. Your understanding of and compliance with our patient financial policy is important. Please read this notice carefully and feel free to question any item(s) that you do not fully understand. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

The conditions described herein apply to consultations with all practitioners employed by Robin's Perfect Health Pty Ltd.

1. ROBIN'S PERFECT HEALTH IS A CASH PRACTICE:

- 1.1. Robin's Perfect Health is not contracted to any medical aid and operates exclusively as a cash practice. Patients may submit invoices for reimbursement by their medical aid, but no warranty is made by the Robin's Perfect Health for medical aid reimbursement.
- 1.2. Medical aid coverage is an agreement between the patient and the provider and is entirely independent of Robin's Perfect Health and its policies.
- 1.3. We bill consultations at a rate in excess of NHRPL tariffs, so medical aids are unlikely cover the costs of consultation in full.
- 1.4. While the practice may assist in submitting the invoice to Medical Aids on behalf of the patient, it remains the patient's sole responsibility to follow up with their medical aid regarding reimbursement.
- 1.5. All patients must complete our Patient Information form before seeing the practitioner. It is your responsibility to ensure that we have your correct information. Robin's Perfect Health takes no responsibility for non-payment by medical aid schemes due to the submission of incorrect or incomplete information.
- 1.6. Under no circumstances will Robin's Perfect Health backdate invoices for the purposes of claiming from medical aid.
- 1.7. We will submit your claims and assist you in any way we can to help get your claims paid. Your medical scheme administrator may request information directly from you. Your failure to timely comply to your medical scheme's request may result in your claim denial.

2. UPDATED CHANGE OF INFORMATION:

2.1. It is the patient's responsibility to update your information whenever you have a change in address, employment, medical scheme plan, option, benefits, etc. Failure to update information will not exempt the patient from responsibility for all outstanding accounts held with Robin's Perfect Health.

3. PAYMENT:

3.1. Payment is expected in full at the time of your visit. We will accept cash or credit card. EFTs are only accepted for product orders for delivery or by prior arrangement with the Robin's Perfect Health management. Robin's Perfect Health reserves the right to deny the option to pay by EFT.

3.2. The consultation fee DOES NOT include additional finger-prick blood tests, urine dipstick tests, or injectables. These tests are optional, and the patient is liable for all additional tests accepted.

3.3. Different consultation fees apply to Initial Consultations, Follow Ups, and Specialised Diagnostic Test consultations, such as organic acid analysis. Ensure that you are familiar with the cost of your consultation before you arrive.

3.4. A receipt detailing the services and products rendered on the date of service will be issued to the patient immediately after their consultation.

4. NO SHOW POLICY:

4.1. A cancellation fee amounting to the full consultation price is payable if an appointment is not cancelled at least 4 hours prior to the consultation.

4.2. If you miss 3 or more visits without canceling or rescheduling 4 hours in advance you may be dismissed from our practice.

4.3. Consideration of this cancellation fee will be given where patients have endured exceptional circumstances relating to their missed appointment entirely at the discretion of Robin's Perfect Health Management.

5. DIVORCED PARENTS OF PATIENTS:

5.1. Enlisting at Robin's Perfect Health practice, the adult who signs a minor child into our practice on the day of service accepts responsibility for payment.

5.2. This office does not promise to send bills or records to the other parent/guardian for issues of payment or communication. We will communicate about treatment and payment with the parent who signs in that day.

5.3. Parents are responsible between themselves to communicate with each other about the treatment and payment issues, except where you supply as with a copy of the Settlement agreement setting out the terms of payment for the minor's medical expenses, and which was made an order of the court.

6. NON-PAYMENT:

6.1. If your account is over 60 days past due, you will receive a statement indicating that you have 30 days to pay your account in full. Partial payments will not be accepted unless you have contacted our office and otherwise negotiated. Please be aware that if a balance remains unpaid, we will turn your account over to a collection agency after the 90th day past due.

7. WAITING TIMES:

7.1. Please note that due to complicated cases or emergencies we may run late in attending to your scheduled appointment time. This is an unavoidable feature of medical rooms where serious and difficult medical cases are handled. We will do our best to let you know (at the telephone numbers you have provided to us) when we are running behind schedule. Having an appointment begin late does not exempt you from payment in full for services and products rendered during your consultation.

7.2. Visits that begin late due to a patient's late arrival will be charged the full visit fee, regardless of the amount of time spent in consult. Consultations cannot be extended to make up for time lost due to late arrival.

8. RETURNS POLICY:

8.1. Returned products will only be refunded if they are returned in perfect condition with all seals intact within 14 days of sale.

8.2. You are responsible for checking the ingredients of your medication for known allergies. Reactions to medications will not qualify you for a refund unless the product is found to be defective.

9. CONFIDENTIALITY:

9.1. We will keep all your information confidential, and that includes information of children 12 years and older. Information pertaining to children younger than 12 will be shared with the legal guardian that brought the child to it consultation.

9.2. The law prohibits communication with any individual, other than those nominated by the patient or legal guardian in writing. Patient's information will only be released to

other practitioners, individuals or insurance companies if an Authorisation for Release of Personal Information form has been completed.

- 9.3. To motivate specific treatments to your medical scheme we may have to provide them with information on your health history and other health information. To submit an account to a medical scheme we must provide, in terms of the law, codes on the account that discloses information to the scheme about your health condition. Your signature on the Patient Information Form you complete prior to your first consultation indicates that you agree to this. If you do not agree, please inform the practice without delay.

10. PATIENT DUTIES:

- 10.1. In terms of the National Health Act you or your family or other persons that comes to the practice with you, should not harass the doctor, nurses or other staff members, and should treat them with respect. Harassment includes rumours, swearing, verbal abuse, arguments, property damage, vandalism, physical assaults, psychological trauma, anger-related incidents.
- 10.2. This practice follows a zero-tolerance policy against harassment.