	DOCUMENT NAME	DOCUMENT NUMBER
	PROVISION OF INFORMATION ON INDICATIVE FEES FOR SERVICES	

VERSION	**1**	
COMPILED BY		**DATE**
AUTHORIZED BY		**07/2025**
NEXT REVISION DATE		**07/2027**

1. PURPOSE & SCOPE

To ensure users are informed of indicative fees associated with medical services before care is provided, as required by Section 6(1)(c) of the **National Health Act** and **HPCSA Guidelines** (Booklet 2: 7.6).

Applies to all services provided by the practice, including consultations, procedures, tests, and other billable items.

2. RESPONSIBILITIES

Job description of person responsible	Duties
Reception Staff	Provide users with fee information or direct them to posted notices
Health Care Providers	Explain indicative costs for procedures or interventions
Practice Manager	Ensure cost information is accurate, updated, and visible

3. PROCEDURE

3.1 Display of Routine Costs

- Display indicative costs for common services (e.g. consultation, follow-ups, injections, sonar) in the waiting area or reception.
- Alternatively, indicate where cost information is available (e.g. website, brochure).

3.2 Disclosure During Consultations

- When a service beyond routine consultation is recommended (e.g., sonar, biopsy, surgical procedure), the provider must:
    - Explain the **indicative cost** to the patient.
    - Discuss **alternatives**, **benefits**, and **possible additional charges** (e.g., pathology).
    - Obtain **verbal consent** that the cost was understood.

3.3 Disclaimer

- All cost estimates must include a **disclaimer** that:

- Final costs may vary based on individual circumstances.
- The patient is responsible for understanding any additional third-party or referral costs.

3.4 Record Keeping

- While indicative costs do not require written patient acknowledgment, **complex or high-cost services** should be supported by a documented explanation in the clinical notes or a quotation where applicable.

4. INTERNAL SUPPORTING DOCUMENTATION

Document	Number	Retention period	Location

5. ATTACHMENT

📌 **Poster Template for Display at Reception**

💳 **INFORMATION ON FEES FOR SERVICES**

We are committed to transparency in the cost of health care.

➡️ **Routine Fees (Indicative):**

- Consultation (Initial): R[Insert]
- Follow-up Consultation: R[Insert]
- Injections: R[Insert]
- SONAR/Ultrasound: R[Insert]
- Other services: Please ask at reception or visit our website: [Insert URL]

➡️ **Important Notes:**

- You will be informed of any **additional costs** before treatment or procedures.
- You are encouraged to **ask questions** about fees.
- Final costs may vary based on your clinical needs.

📞 For enquiries, please speak to our staff or contact us at: [Insert Phone Number]

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Receipt Acknowledgement for this SOP

I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE