

Your Anaesthesia Bill explained.

Your anaesthetic account can appear very confusing when you receive it. This will attempt to explain your statement to you. Your statement will be sent to you electronically in a pdf format. It will look like this:

	o.T.							1				
DR TE			Dr. No. 1224	587		Acc	ount N	o.	AB123			
JOHANNESBURG DRIVE Pr No: 12345			3) 1234567		File Ref: To							
EAAMPLE PARK						Tel.						
JOHANNESBURG Admin: (123) 1234567 Fax:								Cell:	123456789			
2091 Pax: VAT Reg No:						~		Fax:				
VAI Reg NO: Email: shamiel@triadbilling.net						VAT No:						
Website: www.triadbilling.net						Email: EXAMPLE@EXAMPLE.co.za						
D	ATIEN OE, J TREE											
						Main Men		1. 1. 1. 1. 1. 1.	<u> </u>			
Current		-	60 Days	90 Days +	Un	allocated		Total	Med Aid	Pa	Patient Du	
	0.00	0.00	0.00	0.00		-0.00		0.00	0.00		0.0	
ate	Code	Desc		Ref	Qty	Amount	MA	Pat	0/5	MA	Pa	
REAT ATE	Trt Doc. I Auth: Ref Doc.	1/01/0000 Dep No: 00 DOCTOR 1 1234568AXGDHJ REFEREING DOCTOR	Diag. ICD Lab Ref: Practice M	10. FOR REF DOC.								
	0151	PRE-ANAEST DIAGNOSIS CODE		757	1.0	0.00	0.00					
		Medical Aid Payment		ERA-1234567- 151		-0.00	-0.00	000.00				
	2800	Patient Discount (28/09/2023) PROCEDURES FOR PAIN RELIEF:		101	1.0	-000.00	0.00	-000.00				
	1.1.1	DIAG CODE Patient Discount (14/	00/2023)	133		-0000	0.00	-000.00				
		Medical Aid Payment		ERA-1234567-		-000000	-000.00	-000.00				
	5103		D SOFT TISSUE, ANY		1.0	0000.00	0000.0	000.00				
	0083	RADIOLOGY I DIAG CODE	WITH HOSPITAL									
				133		-000.00	0.00	-000.00				
		Patient Discount (14/		ERA-1234567-		-000.00	-000.00	000000				
		Medical Aid Payment						-000.00				
	1021	Medical Aid Payment Patient Discount (28/	/09/2023)	151		-000.00	0.00	-000.00				
	1831	Medical Aid Payment Patient Discount (28/ 11:02-12:32 Al			1.0	-000.00	0.00	-000.00				
	1831	Medical Aid Payment Patient Discount (28/	09/2023) NAESTHETIC FOR	151	1.0			-000.00				
	1831	Medical Aid Payment Patient Discount (28/ 11:02-12:32 AI DIAG CODE	09/2023) NAESTHETIC FOR : (28/09/2023)	151 757	1.0	000.00	000.00	-000.00				
	1831 0023	Medical Aid Payment Patient Discount (28/ 11:02-12:32 Al DIAG CODE Medical Aid Payment Patient Discount (28/	09/2023) NAESTHETIC FOR : (28/09/2023)	151 757 ERA-1234567-	1.0 1.0	(10.000 -000.00	000.000 -000.00 0.00					
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The first section is the doctors' details as well your/patient details



This section below is how long your account is outstanding as well as what is for you to pay or for your medical fund to pay.

Current	30 Days	60 Days	90 Days +	Unallocated	Total	Med Aid	Patient Due
0.00	0.00	0.00	0.00	-0.00	0.00	0.00	0.00

TREATMENT DATE

This section below explains the actual bill

Date Code De Ref Qty Anount MA Pat 0/\$ MZ Pat MR JANE DOE J DOE ID NO TREAT 0.00000 DCB: 01/01/0000 Dep No: 00 DATE Nem No: 12345689 SURGEON DETIALS, **Diag. ICD CODE** Trt Doc DOCTOR 1 Auth: 123456EAXGDHJ Lab Ref: ICD DIAGNOSTIC CODE Ref Doc. REFEREING DOCTOR Practice No. FOR REF DOC. PRE-ANAESTHETIC 757 0.00 0.00 0151 1.0 DIAGNOSIS CODE Medical Aid Payment (23/09/2023) ERA-1234567--0.00 -0.00 Patient Discount (28/09/2023) 151 000.000 0.00 -000.00 ANAESTHETIC CODES USED 2800 PROCEDURES FOR PAIN RELIEF: 757 1.0 D000.000 00000 00000 DIAG CODE TO CREATE YOUR BILL Patient Discount (14/09/2023) 133 0000-0.00 -000.00 Medical Aid Payment (28/09/2023) ERA-1234567--000000 -000.00 5103 ULTRASOUND SOFT TISSUE, ANY 757 00.00 1.0 0000.00 0,000 DIAG CODE PAYMENTS MADE, 0083 RADICLOGY WITH HOSFITAL DIAG CODE DESCRIPTION OF CODES 133 -000 000-0.00 -000.00 Patient Discount (14/09/2023) Medical Aid Payment (28/09/2023) ERA-1234567--000.00 -000.00C-Patient Discount (28/09/2023) 151 -000.00 0.00 -000.00 1831 11:02-12:32 ANAESTHETIC FOR 757 1.0 000.000 00.00C DIAG CODE ERA-1234567--000.000--00.00 Medical Aid Payment (28/09/2023) AMOUNTS BILLED AND Patient Discount (28/09/2023) 151 -002 00 0.00 -000 000 0023 Start: 11:02 End: 12:32 Mins: 90 757 1.0 00.0000 10.00000 RECEIVED DIAG CODE ERA-1234567-Medical Aid Payment (28/09/2023) 00 0000- 10 0000-Patient Discount (28/09/2023) 151 D0.000CO-0.00 -0000.00

The column on the left is your treatment date. The next column is details of your surgery, the surgeon as well as your anaesthetic bill. This part of the bill contains the ICD Diagnostic codes provided by your surgeon (the referring doctor), the anaesthetic codes used for your bill (the codes on the left), the cost of the anaesthetic provided, as well as any payments made either by yourself as well as your medical aid.

These relate to anaesthetic bill and risk of anaesthesia:

• The anaesthetsist will charge a consultation fee

• An additional "emergency consult fee" may be charged if your procedure is either un-booked prior to the start of the list or an emergency, irrespective of the time of the day.

• Emergency travel fee may be charged for the attending anaesthesiologist to make an unscheduled trip to the venue where your procedure takes place.

• The anaesthetist charges for all procedures done or carried out by the anaesthetist

• Epidurals, nerve blocks, postoperative drug infusions and 'patient controlled analgesia' (PCA) devices for pain relief.

• Arterial and central venous lines for careful monitoring of your condition during and after the procedure.

- Should the patient have systemic illnesses causing functional impairment.
- Should the patient be ventilated or admitted to intensive care.

• The next part of the bill is for the anaesthetic for your procedure. This code is provided by your surgeon to the anaesthetist

- The anaesthetic risk codes then follow
- Patients in non-typical positions during the procedure.
- Patients less than a year old, or older than 70 years of age.
- Body mass index (BMI) if greater than or equal to 35kg/m2.
- Orthopaedic modifiers depending on the site of surgery.
- Operations on the head/neck.
- Insertion of a nasogastric tube.

• All the time and risk modifier codes are allocated specific unit values and each unit is then allocated a Rand value determined by your medical fund or the anaesthetist private bill rates. These values are added together to determine the final anaesthetic cost.

• Previously the HPCSA determined the guidelines for reasonable professional fees, and the Council for Medical Schemes the "Reference Price List", effectively the lowest tariff medical funders would pay. The Competition board and Courts have however stopped all setting of prices and at this stage each medical aid and doctor set their own prices. (Competition Commission ruling 2006) The rates that medical aids pay depends on the individual funder and the plans they offer.

• To enable us to provide the quality service the patients deserve, the anaesthetists have linked their fees to the cost of delivering the service and benchmarked this to other professional services. The rate is based on training, expertise, experience and practice costs.

· Each anaesthetist sets their own rates yearly.

• Some anaesthetists have payment arrangements with some of the medical funders with no co-payments on these plans. Please talk to the anaesthetist about these before you undergo your surgical procedure.

• Your medical aid pays out at the rate they unilaterally determine according to the plan you take with them which may be vastly different to the rate determined by the anaesthesiologist. Be aware that your medical aid/funder may call this "the 100% rate" but this refers ONLY to their rates.

• Additionally, every anaesthetic account has to include VAT as the government has legislated that healthcare is a value added item and they have added 15% to each account.

