

WellSouth's Proposed Fees Increase Form

Please notify WellSouth of any fee changes for enrolled patients as soon as practical, and preferably before the increase takes effect. In any case, notification to WellSouth for Health NZ | Te Whatu Ora approval must be made within 2 weeks of the fee increase taking effect.

Return the completed form to <u>practicenetwork@wellsouth.org.nz.</u> The tables in Blue are for WellSouth staff to complete for HNZ as part of HNZ's new process.

Practice Name: ___

Proposed Effective Date for New Fees: _____

Notification				РНО		Practice		
Date Notified to PHO	Date Notified to HNZ	Start Date Fees	Variance (Days)	PHO Name	Contact	Practice ID	Location (Suburb, Town)	CSC (Y/N)
				WellSouth	practicenetwork@ wellsouth.org.nz			

Advertised 'Pay on the Day' Fee (Incl. GST)							
	Current Approved Co-Payment	Proposed New Co-Payment					
Under 6 Years*							
6-13 Years*							
14-17 Years							
18-24 Years							
25-44 Years							
45-64 Years							
65+ Years							

*The practice undertakes not to charge a co-payment for patients under 14 while a part of the increased subsidy scheme.

NB: 'Pay on the Day Fee' refers to a standard General Practitioner consultation fee for First Level Services within Regular Hours, and:

i) includes any normal tests or examinations carried out as part of that consultation; and

ii) is the fee that that patient would pay if he or she paid on the date on which the consultation occurred **before discounts or surcharges.**

E.g. Practice A has received approval to charge their 18+ year old patients \$50 as their standard GP consultation fee. This means if they want to provide a patient with a discount for paying on the day the discounted price would be \$45. Practice A cannot advertise their fees as \$55 with a \$5 discount for on the day payment.

Practices are bound by a contractual requirement to "display a list of their charges to Service Users in a place where Service Users can readily see the charges".

Are your fees clearly displayed for public viewing?
Is your practice currently accepting new enrolments from new patients?
Yes No
If there are conditions to accepting new patients, please specify: ______
Practice Manager's Name:

Practice Manager's Signature:

Date: ___

Fee Increase								
Banked %	This Year's ASRFI %	Total ASRFI**	Estimated Used %	Excess %				

**Total Reasonable Fee Revenue Increase includes the practices 'banked' % from the previous ASRFI's that were not used.