

Proposed Fees Increase Form

Any fee changes for enrolled patients are to be notified to WellSouth for Health NZ | Te Whatu Ora approval, ahead of or within 2 weeks of the proposed effective date.

Please return the completed form to $\underline{practicenetwork@wellsouth.org.nz}.$

Proposed effective date for new fees:			
	Advertised 'Pay on the Day' Fee		
	Current approved co-payment levels for practice	Proposed new levels for practi	
Under 6 Years*	\$0.00	\$0	0.00
6-13 Years*	\$0.00	\$0	0.00
14-17 Years			
18-24 Years			
25-44 Years			
45-64 Years			
65 Years & Over			
*The practice undertakes not t subsidy scheme.	o charge a co-payment for patients under 14 y	ears old while opted	into the increased
ii) is the fee that that patien before discounts or surch e.g. Practice A has received ap This means if they want to provPractice A cannot advertise the	s or examinations carried out as part of the twould pay if he or she paid on the date of arges. Approval to charge their 18+ year old patients \$5 yide a patient with a discount for paying on the eir fees as \$55 with a \$5 discount for on the date. The provide the paying on the date of the paying on the date. The provided has been also been that General Practices "display a list of the paying of the payi	n which the consu 0 as their standard G day the discounted p y.	ltation occurred Pronsultation fee. price would be \$45.
·	can readily see the charges".		
Please confirm that your fee	es are clearly displayed for public viewing	: Yes□	No□
Is you practice currently ac	ts? Yes□	No□	
If there are conditions to ac	cepting new patients, please specify belo	ow:	
Practice Manager's sign	nature:		
Practice Manager's nan	ne:		
Date:			

Please contact <u>practicenetwork@wellsouth.org.nz</u> for further information and to notify any proposed fee increases.