



He Waka Tapu
 161 Pages Road
 Wainoni, Christchurch
 P: 03 599 9120
 E: reception@tearangahealth.co.nz



Our terms of Operation
Nau mai haere mai ki Te Aranga Health

Fees:

- Payment is required at the time of the consultation of service. There is a cost associated with providing quality service from our Practitioners and Nurses. This includes appointments (physical, phone and/or video).

Unpaid fees:

- Unpaid fees/accounts are either text or mailed out the week following service
- If you would like to set up an automatic payment or a redirection of benefit you can do this with our account's administrator or reception team
- Payment is due 7 days from the receipt of notice
- If an account remains unpaid and no communication is made with the practice to discuss the debt, your account may be lodged with a debt collection agency, incurring additional costs associated with the debt recovery. This will also apply even if you transfer to another health care provider.

Missed appointments:

- A fee of \$10 will be charged if an appointment is missed without notification atleast 2 hours before your scheduled appointment. This includes telephone consultations. This applies to all patients over 18. If children regularly DNA we will apply this charge to their account.

New patients:

- For new patient enrolling at Te Aranga Health we require at least 5 working days to process this through the system and request your medical records in a timely manner.
- If we are experiencing long wait times for appointments for new patients, we can offer you a new patient appointment with one of our practice nurses. This appointment allows us to get a full history from you before you see a GP. It is important to note that registered nurses cannot dispense medications or generate prescription orders in these appointments without you seeing a GP first. This will be a 30 minute consultation which will cost \$19.50.

Manaakitanga:

- As part of our practice values we care and respect for our patients and staff alike. To honour this we have a zero tolerance to any disrespectful behaviors to our staff. Patients who dishonor this may be asked to enrol elsewhere

I, **have read and agree to the Terms stated above**

Signature **Date**