#  DR. TIMOTHY BERIOS

 **BSc (Hons.), MBBCH (Wits.), FCOG (SA), M.Med (Pret)**

 **Specialist Obstetrician and Gynaecologist**

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**NB! APPROXIMATE QUOTATION FOR SURGERY: (DR. BERIOS’s FEES ONLY.)**

**Please phone your Medical Insurance for the authorization number and forward it to Dr. Berios' rooms with the signed Quotation and the Consent form.**

**No Procedure will be performed without the Consent and Quotation forms being signed and returned. Your understanding with this request would be greatly appreciated. (Please note additional charges may need to be added for extra unforeseen operative procedures, or incidental findings at the time of surgery.)**

**Kindly note that you are responsible for enquiring from your medical aid what they are prepared to refund you for the procedure/s below.**

**Any code or procedure declined by your medical insurance, which is required at the time of surgery, will be charged for.**

**NAME: JANINE PIAT DALAIS DATE: 02 DECEMBER 2016**

**PROCEDURE/S CODE ICD 10CODE/S AMOUNTS**

**ANTERIOR AND/ OR POSTERIOR REPAIR 2367 N81.3/N81.6 R7050.00**

**SURGICAL ASSISTANT 0009 R1200.00**

 **TOTAL R8250.00**

   **Please be advised that surgical procedures are charged at a higher**

**rate than the scale of benefit (NRPL) rates used by the medical aids.**

**Dr Berios will at all times endeavour to keep costs as low as possible.**

**Please note, you remain responsible for full payment of your account, irrespective of what your Medical Aid/Insurance pays.**

**If you wish to discuss any issues pertaining to the above or your booked procedure, please feel free to contact Dr Berios.**

**Signature:……………………………………………. Date:………………**

**ID:.........................................................**