



# dr james urry urologist

**Dr Ronald James Urry**

**Specialist Urologist, Robotic Surgeon**

*BSc (Hons), MBBCh, MMed (Urol), FC Urol (SA)*

*Certified Da Vinci Robotic Surgeon*

HPCSA Number: MP 0610364

Practice Number: 0555398

Vat Number: 4050293226

## **PRACTICE TERMS AND CONDITIONS FOR DR RONALD JAMES URRY / DR RJ URRY UROLOGIST INC.**

Welcome to my practice. Thank you for choosing to receive urological care from me.

### **Introduction**

1. Pt wellbeing is the highest priority at this practice. I am a specialist urologist who spends time attending to emergencies, and in surgery. Although I will make every effort to be punctual, please be patient when visiting my practice. It is possible that I may run late or be delayed or have to reschedule appointments at the last minute.
2. Medical aid cover is an agreement between a patient and a medical scheme. The patient remains responsible for payment for all services obtained at the practice. I encourage my patients to make sure that they have adequate medical aid cover and gap cover.
3. The scheme rate of 100% is merely a representation of 100% of what the scheme is willing to cover. It has no relationship with the costs of running a practice. This practice is not able to offer services at 100% scheme rates.
4. For the purposes of this agreement, Dr Ronald James Urry and Dr RJ Urry Urologist Inc. shall be referred to as “the practice”.

### **Practice Terms and Conditions**

1. I agree that by registering with the practice, I agree with these terms and conditions.
2. I agree that should any dispute, disagreement or claim arise between myself and the practice, arising from this agreement, I shall try to resolve the dispute by mediation prior to litigation. I will invite the practice in writing to a meeting and to attempt to resolve the dispute, which will take place within 14 (fourteen) days of the date of the written invitation. If the dispute has not been resolved by such mediation, I agree to submit the dispute to the Arbitration Foundation of Southern Africa administered mediation, upon the terms set by the AFSA Secretariat.

### **Processing of Personal Information**

1. The practice has contractual agreements with the following third parties which involve the processing and storage of personal information as contemplated in the Protection of Personal Information Act No 4 of 2013:
  - a. Dropbox Inc. 333 Brannan Street, San Francisco, California, 94107, USA.
  - b. Logbox (Pty) Ltd, 46 Ingersol Rd, Lynnwood Glen, Pretoria, 0081, South Africa.

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- c. Precision Medical Solutions, Unit 1 B Persequor Technopark, 49 De Havillan Crecent, Lynnwood, Pretoria, 0081, South Africa.
2. The Chief Information Officer of the practice, registered with the Information Regulator of South Africa, is Dr Ronald James Urry.

### **Patient Consent to Process Personal Information**

1. I hereby consent to the processing of my personal information, contemplated in the Protection of Personal Information Act No 4 of 2013, by the practice, the practice staff and third parties with whom the practice has a contractual relationship, for the following purposes:
  - a. Treating and managing me in terms of a doctor-patient relationship.
  - b. The administration of the contractual relationship between myself and the practice.
  - c. Communicating with other persons inasmuch as it relates to my treatment and management.
  - d. Communicating with third parties who have undertaken to indemnify me for my treatment and management or part thereof, including medical schemes and their administrators.
  - e. Collecting monies outstanding from me.

### **Billing Policy**

1. Unless specifically stated, the practice is not contracted to provide services to any medical scheme.
2. The practice is only able to invoice for services rendered by the practice. Other members of the healthcare team, including but not limited to the anaesthetist, pathologist, physiotherapist, stoma therapist, dietician and prosthetist will invoice separately for services rendered by themselves.
3. In rooms consultations and procedures must be paid for on the day of service and claimed back from the medical scheme. Patients will be supplied with an invoice and receipt to claim back payments made.
4. In hospital consultations and theatre procedures will be submitted by the practice to medical schemes at the practice rate for payment. This may not be the same as the rate at which the medical scheme covers for those services. The difference between the practice rate and the scheme rate will need to be covered as a co-payment or by gap cover.
5. It is the patient's own responsibility to obtain authorisation for any admission or procedure from the medical scheme.
6. The patient will be responsible for any amount outstanding after payment by the medical scheme.
7. An estimate of the practice rate for the service will be provided prior to the service wherever possible (this may not be possible in a medical emergency).
8. Private patients must settle accounts immediately.
9. Cash and major credit cards are accepted. Cheques are not accepted.
10. Should an account be handed over for collection, the patient shall be liable for all attorneys and own client fees, collection charges and all disbursements. The account and payment of account

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is subject to the Prescribed Rate of Interest Act. The patient remains liable for additional interest accrued on accounts that have not been settled within 60 days. Patients are subject to inspection of, and negative listing of credit information should accounts remain outstanding. The provided address is considered the domicile of patients.

#### Billing rates for commonly performed procedures

Procedure	Amount
First consultation (30 minutes)	R1600.00
Follow-up consultation (15 minutes)	R1200.00
In rooms ultrasound	R800.00
In rooms uro-flowmetry	R600.00
Preparation of a medical report on request	R800.00
Completion of insurance forms, etc.	R800.00
Preparation of a motivation (even if requested by the medical scheme)	R800.00
Telephonic / video consultation (15 minutes)	R1200.00
Repeat prescription	R200.00

#### Payment agreement

1. I agree that I am responsible for all fees due as a result of my use of services offered by the practice.
2. I agree that it is my responsibility to liaise with my medical scheme regarding authorisation for treatment and payment of fees.
3. I understand that the practice and my medical scheme do not have a contract, and that my medical scheme may not fully cover the fees due to the practice.
4. I agree that I am responsible for any amount not covered by my medical scheme, and furthermore, that it is my responsibility to arrange additional insurance such as gap cover to cover such amounts.