Dr Mark Leipsig & Associates BDS (WITS) PDD Endodontics (Stel)

Date

Practice no: 5442672

Park Avenue Dental Centre 120 Fifteenth Street Linksfield

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We believe it is essential for you to be informed about the treatment plan we have discussed (or will discuss), and the costs thereof.

In order for you to consider the fees we are quoting, you need to be aware of the background to determining fees, so that you do not confuse the "medical aid benefit" with the fee we are quoting for your treatment.

The Department Of Health issues an annual national health reference price list (nhrpl), which is intended to be a list of reference prices that medical aid schemes use as a baseline for determining their benefits for members and in most instances does not reflect the actual cost of providing such a service.

In order to provide a quality dental service to our patients, this practice is unable to operate at those "medical aid rates". Regarding my fees, our practice charges private fees and not a nhrpl rate (the so called "medical aid rates"). My fees are higher than the nhprl rate and your medical aid will not pay for the treatment in full.

For your convenience in negotiating with your medical aid regarding the proposed treatment plan I have included the code numbers, the description and my fees. May I courteously ask you to remember that I do not negotiate with any medical aid and you are personally responsible for the payment of my fees.

Proceeding with treatment requires an 80% deposit for each phase of treatment, on commencement. This is to cover materials, laboratory fees and/or implant components, as these are sub-contracted. The balance is due on completion of the prosthetic piece(s).

Please be assured that I will do my best to make your treatment a success and to minimize the inevitable discomfort of treatment. Remember though, that a successful outcome of treatment can never be guaranteed. Numerous factors outside my control could and may have an influence on the success and failure of treatment. Acceptance of treatment implies acceptance of the rules, as well.

Please be aware that dental treatment is never life long and reviews and renewal of treatment must take place, as necessary. It must also be accepted that additional costs will apply.

On completion of all active treatment we must establish a very strict routine of home care and I request that you seek regular professional dental maintenance from myself, as this will impact directly on the longevity of your treatment.

Signature hereof will be taken as consent for treatment and your responsibility for settlement of the fees charged.

| Dr Mark Leipsig | |
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Signature

Assuring you of my best intentions at all times.

Patient Name (block letters)