

Fee Increase Form

Practice Name: _____

Date: _____

Please indicate below your proposed fee increase effective date:

Update of Fee Schedule for Capitation Based Funding, i.e. enrolled patients.

Advertised 'Pay on the Day Fee' NB: fee listed is the recorded fee you previously notified to WellSouth/SDHB		
	Current approved co-payment levels for practice	Proposed new co-payment levels for practice
Under 6 Years*		
6-13 Years**		
14-17 Years		
18-24 Years		
25-44 Years		
45-64 Years		
65 Years & Over		

* This practice undertakes not to charge a co-payment for patients under 6 years old while opted into this increased subsidy scheme.

** This practice undertakes not to charge a co-payment for patients aged 6 – 13 years while opted into this increased subsidy scheme.

ANY FEE CHANGES for enrolled patients are to be notified to WellSouth for Southern DHB approval within **2 WEEKS** of the change. Please contact lisa.win@wellsouth.org.nz for further information and to notify any proposed fee increases.

- It is a contractual requirement that General Practices “display a list of their charges to Service Users in a place where Service Users can readily see the charges”.

Please confirm that your fees are clearly displayed for public viewing: **Yes** **No**

- Is your practice currently accepting enrolments from new patients? **Yes** **No**

If there are conditions attached to accepting new patient please specify below.

Practice Principal's Signature

Practice Principal's Name

____/____/____
Date

Please return via email to lisa.win@wellsouth.org.nz

Fee Change requested	Changes notified to DHB	DHB approved	Practice Notified of Outcome	Website checked/ updated	WellSouth Master updated	Comments
Y / N	Date Sign	Y / N Date	Date	Date Sign	Date Sign	

For office use only: