

FEE STRUCTURE

Healing Wings South Africa offers in-patient treatment for addiction in a safe, caring and healing environment. We are committed to ensuring that you receive the best support and care throughout the treatment process.

Global research has shown that sustainable recovery outcomes are dependent on suitable programme lengths. In our experience, we can attest to this. It is for this reason that we encouraged long term extensive primary care therapeutic treatment.

Healing Wings South Africa's initial programme constitutes a mandatory 9-month period.

TREATMENT FEES

INSTALLMENT PERIOD	AMOUNT	✓
Mandatory Admission Deposit (refundable)	R 3,000.00	✓
Monthly Installments (dependant on a mandatory 9 month programme period)	R 14,800.00 per month (15% VAT Incl.)	
3-monthly instalments (dependant on a mandatory 9 month programme period)	R 42,180.00 per 3-month period (15% VAT Incl.)	
6-month once off payment	R 82,584.00 for 6-months once off (15% VAT Incl.)	
9-month once off payment	R 122,012.00 for 9-months once off (15% VAT Incl.)	
Medical VISA application (6-month VISA) for foreign residents who do not have a South African Passport or Identity Document. This VISA is an extension of the Visitors Stamp received when coming into South Africa. The turn-around time for the VISA application is 2 months. The VISA will be billed with the admission invoice	R 5,000.00	
Fees are subject to change and to annual increase		

MEDICAL AID CLAIMS:

To ensure cost effective, accessible and quality care, Healing Wings works with all major Medical Aid Scheme's.

As a diagnosable and treatable disease, substance dependence disorders are deemed to fall under a prescribed minimum benefit, which is covered by all Medical Aid Scheme's up to a maximum of 21 days per annum.

PLEASE OBTAIN PRE AUTHORISATION FROM YOUR MEDICAL AID BEFORE ADMISSION.

Please use the following information to apply for pre-authorization:

- Healing Wings Practice Number: 038 0091
- Dr S Mothapo Practice Number: 028 6788
- ICD10 code Z50.3/F19.2

Please note that your medical aid will require the completion of a DSM4 diagnosis report in order to process the claim. We advise that this be obtained by a Psychiatrist or treating Medical Professional prior to admission. Please ask your medical aid for a template DSM4 diagnosis report for you to take along to the Medical Professional. Should Healing Wings need to provide the DSM4 report, it will be at the cost of a Psychiatric consultation (R 2,000.00). This appointment cost can be put through Medical Aid and the member will be liable for the co-payment.

IMPORTANT :

In the event of the applicant leaving, absconding, or in extreme cases, being expelled, programme or related fees will be forfeited. Please note that we do not endorse a quick-fix approach to recovery and sponsors are required to be able to commit financially with regards to the completion of treatment. Considering the above, it is required that both residents and sponsors commit for a **minimum period of 9 months**.

Should a resident relapse while off Healing Wings South Africa premises, he/she has a period of 48 hours to return willingly. Failure to do so will require the resident to reapply and be readmitted to Healing Wings and all fees paid will be forfeited.

Initial payment includes

- ✓ Treatment program, therapeutic fees, board and lodging

Does not include

- ❖ Money for tuck shop – maximum R2,000 per month. To be paid into the bank account with the reference “Patient name and surname + Tuck Shop”.
- ❖ Telephone calls made on behalf of intakes
- ❖ Additional trips outside of the centre (at a charge of R 350.00 if taking place on a scheduled trip date or R 650.00 if a special trip is arranged).
- ❖ Trips to or from Kruger International Airport will be at a cost of R 850.00 (for collection or drop off)
- ❖ Travel expenses to Nelspruit and return for holiday and/or other business will be charged at R 350.00 per trip.
- ❖ Medical Expenses:
 - An incidental deposit of R3,000.00 is payable on admission and will be invoiced for together with initial fees. This money will be used to cover basic and unforeseen medical costs (including basic

first aid, drug testing etc). Basic and first aid medication will be charged for on a per item basis. Sponsors will be required to replenish this levy, once the funds have been used for medical purposes.

- Payments for all medical appointments made on the resident's behalf (or any emergency procedures) are payable directly to the medical professional or institution. Contact and payment details will be supplied on confirmation of the appointment. Kindly note that Healing Wings will not pay any medical professional or institution on a resident's behalf.

PAYMENT TERMS:

- **Payment for the full admission invoice** must be received on or before the day of admission. Should this not be received by day of admission, the potential resident's will not be admitted.
 - Subsequent treatment fees must be made on or before the invoice due date. The guarantor will be given three working days grace before being **charged 2% of resident monthly fees per day on overdue fees.**
 - **Tuck shop money will be withheld from the resident in the case that treatment fees are overdue.**
 - Should the full invoice amount due not be received within one week of the payment due date, the resident will regrettably be obliged to leave on that day and any remaining funds, **will be forfeited.**
 - Any **additional work** requested for a resident will be billed for accordingly.
- ***Failure to pay fees as per agreement and within the required time frame will result in suspension of service delivery and/ or legal action.***
- ***Program periods after an initial 9-month period, are recommended on thorough assessment by the multi-disciplinary treatment team. Should it be agreed, by the guarantor, that the individual remain in treatment per recommendation, the individual agrees to complete program periods of 3 months at a time and that the individual/sponsor is liable for the costs of programme and other fees which make up these periods. Leaving prior to the completion of a program period, constitutes absconding and all related fees will be forfeited.***
- ***In the event of a monthly payment scheme approval, the individual/sponsor will be liable to pay the outstanding fees owing on the program. Healing Wings reserves the right to institute legal action, should these terms not be adhered to.***

Banking Details

Bank:	NEDBANK
Branch:	Johannesburg Central
Branch code:	198 765
Account Number:	1131037944 (Current)
VAT Reg no:	4590255016
SWIFT code:	N EDSZAJJ

Please note that by signing this document you are attesting to being made aware of the prospective resident's application and the information relating to fees and fee structure. You will only be liable for the above-mentioned fees upon confirmation that the respective resident has been accepted and will be attending Healing Wings South Africa. It is agreed that accounts are payable on the invoiced due date. Invoices not paid by the due date, will be charged a late payment interest charge of the current prime interest rate, per day outstanding, unless prior arrangement is made with management. Please note that invoice queries are to be made within 7 days of invoice, otherwise the invoice will be deemed to be in order.

I _____ understand that the fees payable in advance, are non-refundable, and also that should the patient leave for any reason whatsoever (including but not limited to expulsion) prior to the program being completed, no monies are liable to be refunded. Healing Wings South Africa reserves the right to claim recovery of any amount still outstanding, notwithstanding the early termination thereof.

I further understand that Healing Wings South Africa in no way takes responsibility for non-payment of any Medical Aid claim for Treatment Invoices. I further give permission for all financial documents (invoices and statements) to be sent to me electronically in the form of encrypted PDF documents (128bit encryption).

I hereby agree and will abide by the above conditions:

Guarantor Sign Date _____

Witness Sign Date _____

INITIAL HERE: