Pinnacle Incorporated

PATIENT FEE CHANGE NOTIFICATION FORM 2020

The PHO agreement requires us to notify the DHB of any fee changes by age bands to (i.e. for standard medical consult co-payments), and to update the fees information held on our website.

Please use this form to notify us of any changes to your fees and the date that you intend to change your fees (*Ideally this is 2 weeks prior to your proposed fee change if possible)*.

Practice Name: .....

CURRENT PATIENT FEES

Age group	Fees with CSC	Fees Non-CSC
Fees 0 - 13	$0.00	$0.00
Fees 14 - 17	$	$
Fees 18 - 24	$	$
Fees 25 - 44	$	$
Fees 45 - 64	$	$
Fees 65+	$	$

NEW PATIENT FEEs

Date new fees will be charged from: .....

(The Information below is displayed in your **Annual Statement Calculator Tool** for your chosen fees)

Please complete all shaded boxes below to indicate fee changes

New Format (Actual) **/ Old Format** (Average) **(select one only)**		**New / Old**
Annual Statement Available to use		**%**
Fee Change		**%**
Age group	**Patient Fees with CSC**	**Patient Fees Non-CSC**
Fees 0 – 13	$0.00	$0.00
Fees 14 – 17 *($13.00 max)*	$	$
Fees 18 – 24 *($19.50 max)*	$	$
Fees 25 – 44 *($19.50 max)*	$	$
Fees 45 – 64 *($19.50 max)*	$	$
Fees 65+ *($19.50 max)*	$	$

Signed ..... **Name:** .....
(on behalf of the practice)

Please scan and email this form to your Practice Development Facilitator