

Interim or Access Practice Fee change Notification Form 2024-25

The PHO agreement requires us to notify Te Whatu Ora of any fee changes by age bands to (i.e. for standard medical consult co-payments).

Please use this form to notify us of any changes to your fees and the date that you intend to change your fees.

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

(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

Option A (National Averaged Consult Data) Option B (Actual Practice Consult Data)		OR (select one only)	Option A / Option B
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)	\$	

Date new fees will be charged from:

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