

Patient fees change notification form

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.

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

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)	\$

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