

**These are the terms and conditions, (as amended by Metropolitan Health Risk Management from time to time in consultation with IPAF), agreed to by all General Practitioners who have signed the Designated Service Provider application form for participation provided by**

**METROPOLITAN HEALTH RISK MANAGEMENT (PTY) LTD.  
(Registration Number: 1996/001967/07)  
(hereinafter referred to as “Metropolitan Health Risk Management”)**

**and whose application has been accepted**

**These terms and conditions have been approved, and any amendments to them will have been approved by**

**THE INDEPENDENT PRACTITIONERS  
ASSOCIATION FOUNDATION  
(Registration Number: 2009/001513/08)**

**(hereinafter referred to as “the Foundation”)**

**In this document the General Practitioner concerned is referred to as the “contracted provider” and “writing” and “written”, except where otherwise indicated by the context, includes communications by fax, e-mail and SMS.**

1. The contracted provider is **bound by these terms and conditions** even though they have not been signed. They become binding on a contracted provider as soon as he or she is enrolled on the Metropolitan Health Risk Management Database. Amended terms and conditions apply 30 days after posting on the Metropolitan Health Risk Management Website. Up to the date upon which they become applicable you have the right to terminate your participation immediately upon written notice to Metropolitan Health Risk Management if you do not wish to accept them.
2. The contracted provider, following Metropolitan Health Risk Management’s acceptance of his or her participation, agrees to conduct his or her practice according to the best practice principles from time to time. Without limiting those, the principles include a commitment to providing medical and surgical treatments, procedures and tests which are appropriate and necessary for the diagnosis or treatment of any medical or surgical conditions, according to currently accepted professional and technical standards.

3. The contracted provider must, on request, produce proof of registration with the relevant professional body. He or she must immediately notify Metropolitan Health Risk Management of any change to that registration status.
4. In the case of members of the Foundation, remuneration of the contracted provider will be authorised by Metropolitan Health Risk Management at the applicable scheme tariff for consultations plus 10%, but no “balance billing” will be allowed which includes charging a patient a co-payment and/or a levy.
5. The remuneration of other contracted providers will be authorised at applicable scheme tariff for consultations plus 5% but no “balance billing” will be allowed which includes charging a patient a co-payment and/or levy.
6. All other charges for services and supplies (apart from consultations) will be authorised at the applicable scheme tariff but without a surcharge. No “balance billing” will be allowed which includes charging a patient a co-payment and/or levy.
7. Neither Metropolitan Health Risk Management nor a client Medical Scheme(s) shall be held liable to pay for any other work undertaken or other services supplied by the contracted provider but not covered in the tariff provided to Metropolitan Health Risk Management by the scheme concerned, i.e. non-covered services and exclusions, unless such work or service has been agreed to in writing in regard to its scope and the fees and costs thereof in any particular case.
8. This agreement is binding between Metropolitan Health Risk Management and the contracted provider, but does not bind Metropolitan Health Risk Management’s contracted medical schemes until each formally accedes to it and for so long as it remains bound. Metropolitan Health Risk Management will notify the contracted provider if a scheme withdraws.
9. The contracted provider agrees to his or her personal profiling and the profiling of his or her practice by Metropolitan Health Risk Management - where applicable as approved by the Foundation and with the consent of the Foundation, - and will make available all information reasonably required to facilitate such profiling in such form as Metropolitan Health Risk Management may reasonably request.
10. The contracted provider agrees to the review of clinical decisions, including diagnosis and prescriptions, by the Central Peer Review Committee of the Foundation where applicable, or otherwise by one or more practitioner/s nominated by Metropolitan Health Risk

Management, and will make available all information reasonably required to facilitate it in such form as Metropolitan Health Risk Management may reasonably request.

11. The contracted provider agrees to participate in any peer review process candidly and in good faith and will accept peer mentoring if the Foundation or Metropolitan Health Risk Management propose it.
12. Profiling and review will be carried out by Metropolitan Health Risk Management or its appointed representatives. In the case of contracted providers who are members of the Foundation, the peer review and profiling, using the Metropolitan Health Risk Management profiling tool, will be conducted by the Foundation.
13. The contracted provider and Metropolitan Health Risk Management may without cause terminate participation by the contracted provider at any time on 90 days written notice.
14. Either party may terminate for good cause at any time but Metropolitan Health Risk Management will not terminate accreditation of a member of the Foundation without prior discussion and approval of the Foundation.
15. Any dispute between Metropolitan Health Risk Management and a contracted provider, if a member of the Foundation must first be submitted to the Foundation for mediation. If that fails and in the case of contracted providers who are not members of the Foundation, any dispute shall be submitted to confidential arbitration under the rules of the Arbitration Foundation of SA. The privacy of all personal information disclosed in proceedings shall be protected by both parties.

**If you are a General Practitioner and wish to be part of the Metropolitan Health Risk**

**Management Designated Service Provider Network,**

**please download the [application form](#), sign it, and fax or e-mail it to:**

**Fax to e-mail: 086 657 7630; or fax to 021 480 2733**

**Email to [marlene@asaipa.co.za](mailto:marlene@asaipa.co.za) or [networks@mhg.co.za](mailto:networks@mhg.co.za)**