



**IMPROVED CLINICAL PATHWAY SERVICES PTY LTD**

**REGISTRATION NUMBER 2011/106866/07**

**70 7<sup>th</sup> Avenue  
Parktown North, 2193  
admin@icpservices.co.za  
011 327 25 99**

Dear Surgeon,  
Kindly find attached tariff changes effective 1<sup>st</sup> January 2020.

	VAT INCL		VAT EXCL
Scheme	Surgeon's Fee	Scheme	Surgeon's Fee
Transmed	R 20 000.00	Transmed	R 17 391.30
Medihelp	R 20 000.00	Medihelp	R 17 391.30
Bonitas/AECI	R 23 500.00	Bonitas/AECI	R 20 434.78
Selfmed	R 23 500.00	Selfmed	R 20 434.78
Nedgroup	R 23 500.00	Nedgroup	R 20 434.78
MB Med	R 23 500.00	MB Med	R 20 434.78
SAMWUMED	R 23 500.00	SAMWUMED	R 20 434.78
Sasolmed	R 23 500.00	Sasolmed	R 20 434.78
Compcare	R 23 500.00	Compcare	R 20 434.78
SABC	R 23 500.00	SABC	R 20 434.78
Old Mutual	R 23 500.00	Old Mutual	R 20 434.78
Polmed	R 23 500.00	Polmed	R 20 434.78
Fedhealth(FlexiFED 3 Grid, FlexiFED 3, FlexiFED 4, FlexiFED 4 Grid, FlexiFED 4 Elect)	R 23 500.00	Fedhealth(FlexiFED 3 Grid, FlexiFED 3, FlexiFED 4, FlexiFED 4 Grid, FlexiFED 4 Elect)	R 20 434.78
Fedhealth (Maxima Exec, Maxima Exec Grid, Maxima Plus)	R 29 500.00	Fedhealth (Maxima Exec, Maxima Exec Grid, Maxima Plus)	R 25 652.17
Discovery DHAN C	R 27 000.00	Discovery DHAN C	R 23 478.26
Discovery DHAN	R 35 000.00	Discovery DHAN	R 30 434.78

I, Hereby accept the terms and conditions set out in this Service Level Agreement, including the current Network Clinician's Fee applicable to my clinical discipline, which is contained in the relevant fee schedule accompanying this agreement.

Signature of Clinician: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Number: \_\_\_\_\_



**ADMIN@ICPSERVICES.CO.ZA**



**0113272599**

**70 7TH AVENUE,  
PARKTOWN NORTH**

**ALEECIA NAIDOO**