

Rolleston Central Health – Terms of Trade

- Payment in full is due on the day of your consultation unless you have an automatic payment setup. A \$5 administration fee will be charged for payments not made on the day.
- You are welcome to pay on the day of consultation via internet banking to 03 1592 0833421 00 using your full name in the particulars field & NHI or chart number (if known) in the reference field.
- If there is a failure to pay fees, and after we have taken steps with you to manage your debt without success, we may involve a debt collection agency. Any fees incurred in debt recovery will be passed on to the account holder.
- If you have any concerns about managing the costs of your healthcare, please contact our Practice Administrator (accounts@rollestonhealth.co.nz) to talk about options.
- If you do not attend for a booked appointment, and you have not contacted us to cancel with a minimum of 3 hours notice, we reserve the right to charge a full non-attendance fee. A charge may also apply to under 14-year-olds.
- If you are 5 or more minutes late to your appointment the clinician reserves the right to mark you as did not attend & you will be required to make another appointment.
- All vaccines which are not part of the New Zealand Immunisation Schedule e.g. travel vaccines, are to be paid for BEFORE they are given.
- Rolleston Central Health has zero tolerance towards patients exhibiting bad behaviour. We consider bad behaviour to be any personal, abusive or aggressive comments, cursing or swearing, physical contact or aggressive gestures. If you or your support person/family direct verbal abuse or threaten physical abuse at our staff, either in person or over the phone, we reserve the right to terminate the interactions &/or will require you to leave the medical centre. Should this happen then we (Rolleston Central Health) may trespass you from the premises & require you (& your family) to transfer your care elsewhere.

I have read and agree to the terms of trade:

Patients Name: _____

Patients Signature: _____

Date: _____