



KIMBERLEY JONES

occupational therapy

BSc Occ Ther (University of Cape Town)
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OCCUPATIONAL THERAPY RATES AND TARIFFS

Effective from 1st January 2024

Please note that **Kimberley Jones | Occupational Therapy** tariffs are in line with medical scheme rates and are reviewed annually. The relevant charges / rates are set out below.

The initial consultation/ re-assessment

All clients will be evaluated prior to the commencement of therapy (no exception). The cost of the initial assessment is payable by the client on the day of the assessment (this may be claimed back from medical aid by the client). An initial assessment report detailing findings, recommendations and goals for therapy will be available on request at the fee stipulated below. This report will be used to motivate for therapy intervention from the respective funder. Funding is not guaranteed. A reassessment may be required after a period of time (usually 3 months or 6 months) depending on diagnosis, progress and the funder's requirements. This will be discussed with the client/ client's family when/ if necessary.

Assessment (tariff code)	Description	Total Cost
Comprehensive assessment <i>90 minutes</i>	This is an initial assessment of total person (report excluded) <i>Please note if the therapist is required to travel to the client's home or a facility, additional travel fees will be included (see below)</i>	R1245.50
Re-assessment <i>75-90 minutes</i>	Re-assessment conducted: to motivate for further therapy; following a prolonged period (more than one month) of no therapy; post readmission to hospital; or if there is unexplained decline in function. Report excluded.	R898.60
Evaluation of a single dysfunction	Specific evaluation of dysfunction involving one part of the body for a specific functional problem. This is usually conducted within a therapy session i.e. reassessing hand function.	R305.30

Please note that occasionally certain assessment tools may be used and this will increase the cost of the assessment.

Therapy sessions (as per Discovery rates)

Ongoing per-session intervention rates vary depending on the intervention given and are at the therapist’s discretion. Please note that your therapy accounts may reflect a combination of BHF codes (i.e. 66503, 66315 and 66201) making up the full amount depending on the nature of assessment and/or intervention conducted as well as your specific medical aid/ funder. It is at the discretion of the therapist as to which codes will be charged, based on your needs identified in the initial and on-going assessments. The cost of materials used during therapy are not included in this document. Certain items and consumables are dependent on the exchange rate and changes in prices are to be expected. These codes are generally not covered by medical schemes. A quotation for therapy, consumables or splint fabrication will be provided upon request.

Intervention (tariff code)	Description	Cost per tariff
Observation and screening	This will be billed with every treatment session as appropriate in order to allow for ongoing evaluation and adjustment of the treatment plan.	R101.80
45 minute therapy	This code will be billed if therapy is given on an individual basis lasting for up to 45 minutes	R407.10
60 minute therapy	This code will be billed if therapy is given on an individual basis lasting for up to 60 minutes	R542.50
Interview guidance or consultation 30 min 15 min	<p>These codes will be billed in the following situations:</p> <ul style="list-style-type: none"> • Obtaining and interpreting information from key role players required for ongoing management of the patient. • Reporting/liaison/discussion with the family and/or team members to discuss findings and recommendations, progress, and guidance in dealing with specific problems. • Guidance or training of a family member/caregiver/employer who is actively involved in the care/ supervision of the patient. • Motivations for equipment and communication with suppliers <p>Motivations requested for funding</p>	<p>R 288.20</p> <p>R144.40</p>
Domiciliary treatment	This code is billed in addition to treatment codes when home-based therapy is provided.	R275.20
Treatment in facility or nursing home	This code is billed in addition to treatment codes when therapy is provided in a facility or nursing home.	R137.70

Reports*		
Report requested by medical aid	This is a report written for medical aid, normally for motivation for funding. Please note that not all medical aid schemes will cover this cost.	R224.00
Other therapy report	This is a report required for non-medical aid purposes such as for other healthcare professionals, insurers, employers, or the client/client's family. This is not funded by medical aid, and this cost will vary depending on the length, complexity and purpose of the report.	R200.00- R1300
Appointment not kept**	Appointments cancelled after 08:00 on the day of the session, or missed appointments, shall be charged a set fee.	R450

** Reports: Please note that the report is compiled based on information provided by the client, collateral information obtained from role players (with consent), and objective assessment tools. Please note that changes to the clinical findings and recommendations contained in the report will not be made, due to professional and ethical considerations. In the case that new or additional information is provided after the assessment, the report will be subject to review. However, if new or additional information contradicts information available at the time of the assessment, a reassessment will be necessary, and this will be for the client's expense.*

***Appointment not kept: Please note that the therapist will only wait up to 15 minutes post the scheduled appointment time and then assume a missed appointment. If the client arrives, this session will be charged for in full but only take place for the remainder of the session.*