

**PATIENT INFORMATION**

Please complete the form as fully as possible. Please provide a copy of medical aid card, ID or driver's license.

	Surname	First Name	Title	Sex	ID Number or Date of Birth	Dependant code (MA)	Allergies	Cell No.
Main member								
Spouse								
Child 1								
Child 2								
Child 3								
Child 4								

FRIEND / FAMILY MEMBER NOT AT SAME ADDRESS - NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

MEDICAL AID: _____	PLAN / OPTION: _____	MEDICAL AID NO: _____
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HOME LANGUAGE: \_\_\_\_\_ HOME TELEPHONE NO: \_\_\_\_\_ RELIGION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAIN MEMBER EMPLOYER: \_\_\_\_\_ WORK NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SPOUSE EMPLOYER: \_\_\_\_\_ WORK NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

POSTAL ADDRESS: _____ _____ _____
POSTAL CODE: _____

**CONDITIONS FOR RENDERING PROFESSIONAL SERVICES – PLEASE READ INFORMATION CAREFULLY**

I choose my residential address as disclosed above as my domicillium citandi for all purposes. All professional services of whatever nature rendered to me and/or any member of my family will be charged for, and will be payable within 30 (thirty) days after the account is rendered. If unpaid after 60 (sixty) days, you shall be entitled to charge me interest at the maximum rate provided in the Section 5 of the National Credit Act, Act 34 of 2005. Interest will be payable by me from the date the services were rendered to the date I pay the account in full with all costs.

I acknowledge that I am responsible:

- a) To you for cash payment of professional charge at time of consultation should I not be a member of a medical aid.
- b) To you for professional charges whether or not a statement has been received and processed by my medical aid,
- c) To you for your professional charges and that it is my responsibility to reclaim any amount to which I may be entitled from my medical aid.
- d) To you to keep all of my medical aid and personal details updated.
- e) To you if anything about the treatment or cost involved is not clear to me and that I will discuss this with the doctor before commencing treatment.

Patient initials

**I acknowledge that this practice is contracted to certain medical aids and I will be charged the contracted tariff only with no co-payment. There are other medical aids that the practice is not contracted to where you will be charged a co-payment above the Reference Price List (RPL) tariff for the visit or procedure.**

In the event of this form being completed by a spouse or family member, he/she warrants that he/she has the authority to sign on my behalf. In the event of it being necessary for you to institute action against me, I agree and undertake to be responsible for all legal costs both pre- and post-judgement on an attorney and own client scale including collection, commission, tracing charges and all correspondence and attendances. I also consent to the jurisdiction of the magistrate's court.

PATIENT'S SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_ Signed at WATERFALL on \_\_\_\_\_ day of \_\_\_\_\_ 2014.

## **1) Patients on Medical Aids or Hospital Plans (contracted and non-contracted medical aids)**

Our practice has a number of contracts with various medical aids that dictates the fees to be paid for consultations and procedures. We also undertake to charge no co-payments or levies to members of these medical aids as stipulated in the contract.

Currently, these **contracted medical aids include:**

- a) Discovery Health – all plans
- b) Discovery Health Keycare plans
- c) Momentum Health Medical Aid
- d) Bankmed Medical Aid
- e) BESTmed Medical Aid (excluding Pulse 2 option)
- f) Profmed Medical Aid
- g) All Discovery Health administered plans (Anglovaal, BMW, LA Health, Naspers, Quatum, Remedi, Retail, Truworths Foschini, Tsogo Sun, University of KZN).
- h) Liberty Medical Aid

We have **no contracts in place with other medical aids**, and the fee we charge to see members of these schemes is R370 excluding all procedures, medicines, consumables or medicines. These claims for all medical aids other than those listed above, will **NOT** be sent to your medical aid electronically, and you must please pay the entire bill at the time of consultation. You will then be provided with an invoice and this can be sent to your medical aid for you to claim back the billed amount.

For all **patients over the age of 65 years of age who are members of a medical aid**, the consultation tariff stipulated by the medical aid will be charged and you will not be responsible for paying the bill at time of consultation.

## **2) Private patients (not on any medical aid)**

- a) Please note that the tariff for a consultation is R530 excluding medicines, procedures or any other consumables. If the bill **is paid in full on the day of the consultation, this will be reduced to R370**, a saving of R160. We would therefore like to encourage all patients to please pay their bill immediately.
- b) Where **patients are over the age of 65 years and not on a medical aid or hospital plan**, we have reduced the tariff for a consultation to R370, excluding medicines, procedures, consumables or other consumables.

Thank you

Drs Duffey Martin and Darby