

PARTICULARS OF THE PATIENT AND GUARANTOR OF PAYMENT

Patient Surname	Patient First Name	Patient ID Number
Medical Aid Scheme	Medical Aid Number	Medical Aid Plan
Guarantor Full Names	Guarantor ID number	
Guarantor Contact #'s	Guarantor Relationship	
Medical Aid Gap Cover	General Practitioner	Referring Doctor

CONTACT DETAILS

PATIENT DETAILS		NEXT OF KIN DETAILS	
Unit number		First name	
Street address		Surname	
Suburb		Relationship	
Town/City		Contact #	
Postal code			
Tel: Home	Tel: Work	Fax number	
Cell phone*	Email*		
Occupation	Employer / #		

NOTICE TO PATIENTS

- This practice **has no** contract with any medical aid scheme or health insurance company.
- This practice has no billing arrangement with any other service provider that may be involved in your treatment.
- **Billing Policy***: Fees are based on an independent survey of practice costs in the discipline of urology and may vary from one scheme to another. This information may be viewed at www.healthman.co.za/default.asp.
- **Out-patient accounts are due and payable in full on the day of service.**
- In the event of partial/non-settlement, your account balance remains your responsibility.
- Authorisation for services are not done by this practice and are your responsibility. All necessary information will be provided to facilitate this process.
- Quotations for services are provided for submission with your authorisation documentation, in the case of elective surgery only.
- As different medical aid schemes with their different reimbursement plans have their own tariff structures and are not always transparent towards the service provider, it would be your responsibility to contact your health insurance provider to ascertain any personal liability with regard to professional fees.
- Various payment options are available including cash, cheque, EFTs and **most** major credit cards (please enquire).
- **Telephonic consultations, repeat prescriptions, authorisations, motivations & medical reports, chronic medication forms, etc (in the absence of face to face consultation) are billable services.**

We will continue to deliver a high standard of care and hope to enjoy your continued support.

Dr

I agree, that to the best of my knowledge, all the above information that I have supplied is true and correct. I have read, understand and accept the content of the Notice to Patients (**and our billing policy***) above, as well as our Terms and Conditions (overleaf).

Signed at Cape Town on this day of year signed

Your first choice in specialist urology.

TERMS & CONDITIONS

1. **THE PRACTICE:** The practice means the medical practice of the afore-mentioned practitioner as described on Page 1 of the registration form to which these terms and conditions are also attached.
2. **ACCEPTANCE:** The patient, legal guardian, responsible person or surety of the patient as indicated overleaf, hereby assumes liability as the principal debtor, alternatively as co-debtor jointly and severally with the patient, for the payment of any claims arising from medication given or services rendered to the patient or to be rendered to the patient, notwithstanding the existence of medical aid or insurance covering the claim.
3. **TERMS OF PAYMENT:**
 - (3.1) Every payment by the patient arising out of or in connection herewith shall be made to the practice free of any deductions and without set-off on the due date and without demand.
 - (3.2) Unless otherwise agreed in writing:
 - (3.2.1) The Practice will invoice the patient after consultation or having effected the service;
 - (3.2.2) Payment shall be made immediately in respect of any such invoice but not later than 30 days from date of service;
 - (3.2.3) Interest at the rate of 2% per month shall be charged by the Practice at its discretion on any amount not paid by the patient on the due date. The amount shall be calculated daily on the outstanding balance due and shall be so calculated and capitalized on the last day of each and every month until the total amount due in terms hereof shall have been paid.
 - (3.2.4) Twenty business days after the raising of interest on any overdue amount, the unpaid invoice upon which interest is charged will become an Incidental Credit Agreement in terms of the National Credit Act. Once an invoice becomes an Incidental Credit Agreement the Practice is entitled to charge and recover the following fees in respect of the Incidental Credit Agreement, provided that the amount of the fee charged and recovered does not exceed the legal maximum permissible
 - (a) interest as described in clause 3.2.3;
 - (b) default administration charges, being a charge that may be imposed to cover administration costs incurred as a result of the patient defaulting on an obligation; and
 - (c) collection costs, being an amount that may be charged in respect of the enforcement of the patient's monetary obligations, but which does not include default administration charges.
4. **BREACH:**
 - (4.1) Once an Incidental Credit Agreement has been formed (on the basis described in clause 3.2.4 above) and the patient defaults on his payments, the Practice shall:
 - (a) provided it has not enforced debt collection procedures, provide the patient with a written notice of such default proposing that the patient refer the Incidental Credit Agreement to an alternative dispute resolution agent, consumer court of ombudsman with jurisdiction, with a view to resolving any dispute under the Incidental Credit Agreement or agreeing on a plan to bring the payments due under the Incidental Credit Agreement up to date; and
 - (b) at its own discretion take appropriate legal action if the patient is in default under the Incidental Credit Agreement for at least twenty business days and at least ten business days have elapsed since the delivery of the notice referred to in clause 4.1(a) above, without the patient responding to such notice or rejecting the proposals in such notice.
5. **GENERAL:** These terms and conditions constitute the whole and entire agreement between the parties and there have not been and there are no agreements, representatives or warranties between the parties other than those specifically set forth herein. No variation or modification of this agreement shall be of any force or effect unless the same shall be confirmed in writing and signed by the parties.
6. **JURISDICTION:** The agreement is subject to and shall be interpreted and construed in terms of the laws of the Republic of South Africa and is subject to the jurisdiction of a competent court in the Republic of South Africa.
7. **CREDIT INFORMATION:** The undersigned patient, legal guardian or surety of the patient authorise the Practice to receive, share and exchange credit information concerning them with any credit bureau or any other person or corporation with whom they have or may have financial dealings including, where applicable, information requested pursuant to, or in any circumstances contemplated in the National Credit Act 34 of 2005. Furthermore, the Practice is given the right to disclose personal medical information such as ICD10 codes and clinical information to its legal representatives or debt collectors provided that such information is treated as confidential and in good faith and only insofar as it is necessary for debt collecting processes.
8. **LEGAL COSTS:** Should the Practice commence legal proceedings the patient undertakes to pay all legal costs relating to the recovery of the outstanding monies in respect of professional services rendered, including attorney fees on an attorney own client scale, collection commission and tracing costs.