

MUIZENBERG MEDICAL PRACTICE

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Dr Eloise Malan
Pr No: 0495395

Dr Denise Labuschagne-Kruger
Pr No: 0621846

Patient Details

Title: Surname: Dependant Code:

First Names:

ID Number: Date of Birth:/...../.....

Home Address:

..... Code:

Postal Address: Code:

Tel: (H) (W) (C)

E-mail Address:

Employer: Occupation:

Work Address:

..... Code:

Name of Medical Aid: Plan:

Medical Aid Number:

Person Responsible for Account

Tick the Box if same as patient

First Names: Surname:

Dependant Code: ID Number: Date of Birth:/...../.....

Employer:

Address:

..... Code:

Tel: (H) (W) (C)

Dependants

Dependant Code	Full Names	ID or Date of Birth

Next of Kin (Emergency Contact)

Names: Tel: (H)..... (W).....

(C) Home Address:

Terms and Conditions of Service

1. The agreement for rendering of professional services is between the doctor and you. Medical aids are not contractually bound to the doctor. It therefore remains your responsibility to follow up on your account and to settle within 30 days from date of service, if not already done so by your medical aid.
2. Invoices and statements of account containing the ICD-10 diagnosis codes will be provided by this practice. The invoice must be submitted by you to your medical aid fund for reimbursement.
3. **All accounts settled immediately will be given a discount.**
4. Should an invoice remain unpaid for a period of 90 days from date of service, the matter will be handed over for collection by a firm of attorneys and the cost of collection will be for your account and will be charged in accordance with the National Credit Act.
5. It remains your responsibility to keep the practice informed of your contact details, and particularly the address where you agree to receive all invoices, documents and other written correspondences (domicillium citande et executandi).
6. Consent to personal information

I hereby consent to the processing of my personal information contemplated in the Protection of Personal information Act No 4 of 2013, by Muizenberg medical practitioners, practice staff and third parties with whom the Practice has a contractual relationship, for the following purposes:

- a -Treating and managing me in terms of a doctor-and-patient relationship;
- b-The administration of the contractual relationship between myself and Muizenberg Medical;
- c-Communicating with other persons in as much as it relates to my treatment and management;
- d-Communicating with third parties who have undertaken to indemnify me for the cost of my treatment and management or part thereof, including medical schemes and their administrators where relevant; and
- e-Collecting monies outstanding from us

Muizenberg medical practitioners referring to – Dr Eloise Malan, Dr Denise Labuschagne

Declaration by patient/parent/guardian

I have read and understand the terms and conditions of service as set out in this agreement. I confirm that the information given overleaf is correct.

Signature _____

Date _____