

PARTICULARS OF PATIENT

SURNAME _____ NAME _____ INITIALS _____ TITLE _____

GENDER _____ DATE OF BIRTH _____ ID NO. _____

HAVE YOU OR A DIRECT FAMILY MEMBER BEEN A PATIENT AT THE PRACTICE BEFORE? YES NO

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

TEL: (H) _____ (W) _____ (M) _____

FAX _____ E-MAIL _____

I hereby accept that email YES NO
and/or sms YES NO messages may be sent to me in order to confirm appointments and convey
general information.

OCCUPATION _____ EMPLOYER (CO NAME) _____

REFERRED BY _____

NAME, ADDRESS & TEL NO. OF A FAMILY MEMBER / FRIEND _____

(for account purposes, should we be unable to contact you)

MAIN MEMBER OF MEDICAL SCHEME (please note that all adults are responsible for their own accounts, even if they are dependents on someone else's scheme)

SURNAME _____ NAME _____ INITIALS _____ TITLE _____

GENDER _____ DATE OF BIRTH _____ ID NO. _____

ADDRESS _____

TEL: (H) _____ (W) _____ (M) _____

E-MAIL ADDRESS FOR ACCOUNT PURPOSES _____

I hereby accept that email YES NO
and/or sms YES NO messages may be sent to me in connection with medical scheme matters.

OCCUPATION _____ EMPLOYER (CO NAME) _____

MEDICAL SCHEME _____ OPTION _____ NO. _____

ACCOUNT POLICY OF DR MARIANNE DUVENAGE

Below we list the terms and conditions of this practice. Please read the provisions and sign the document, by which you agree to these terms:

- 1) This is a private business. Fees are determined with reference to the quality and complexity of the services we render. A list of the codes and fees most commonly charged is available from the practice.
- 2) Consultation fees **exclude** treatments, such as procedures, Molemax/Mapping, freezing of lesions, Patch tests, etc.
- 3) The fee structure is NOT based on what your medical scheme is willing to pay. there may therefore be a difference between what the practice charges, and what your scheme is willing to pay.
- 4) This agreement is between you (as a customer / patient) and the practice (as a service provider), and not between the practice and your medical scheme.
- 5) **All accounts must be settled in FULL on the day that the service was rendered. It is your responsibility to claim back from the scheme any amounts that may be covered by your scheme..**
- 6) If we do agree, as a special favour, to submit an account to a medical scheme, the payment of the account remains your responsibility, as the service has been rendered to you, and not to your medical scheme. Even if an account was submitted to the scheme, you are liable for all outstanding amounts, including interest (as determined by the National Credit Act), and all costs to recover the outstanding amounts (e.g. for debt collecting purposes), if the scheme did not pay in full.
- 7) Legislation compels us to insert an ICD-10 code on all accounts, prescriptions, referral letters and requests for special investigations (pathology, blood tests etc). If you request the doctor to not provide details of your diagnosis, the code U98.0 will be used (Patient refuses to make clinical information known).
- 8) By signing this form you agree that this contract forms part of the terms and conditions under which professional services are rendered in terms of the Consumer Protection Act.

If you do not keep your appointment (for any reason whatsoever, apart from emergencies) and you did not let us know at least 24 hours before the appointment, **we reserve the right to charge a full consultation fee**, as we have kept the slot open for you and could not fill it with another patient.

SIGNATURE

DATE