

PATIENT REGISTRATION FORM

Consultation fees are payable immediately after seeing Doctor

- >Medical aid can be part billed if there is an authorisation and funds
- >Fees charged reflect the surgeon’s clinical experience and surgical skill.
- >Most medical aids pay only 33% of the surgical fee
 - >GAP cover insurance will fund amounts not paid by medical aid
 - >In the absence of GAP cover a reduced copayment can be negotiated
- >Post op follow up is free for 1 month : routine advice via whatsapp no charge before 18h00
- > repeat scripts or medication arranged telephonically will be billed at R100 per script
- >**EMERGENCY CASUALTY CONSULTS:** card/cash only: minimum R1500 incl call out fee

MAIN MEMBER OF MEDICAL AID / PERSON RESPONSIBLE FOR PAYING ACCOUNT

Title..... First names.....Surname.....

Age..... Date of Birth.....ID number.....

Home address.....

Employer Occupation.....

Work address.....

Email address..... Cell

Tel (H).....(W).....(Fax)

Medical AidPLAN.....Number.....

Dependant 01..... date of birth.....Contact No.....M/F

Dependant 02..... date of birth.....Contact No.....M/F

Dependant 03..... date of birth.....M/F

Dependant 04..... date of birth.....M/F

GAP COVER?.....Next of Kin.....Tel.....

General Practitioner.....Send report to Dr

Agreement Contract

- I hereby confirm that the above information is correct.
- I take full responsibility for payment of this account should the medical aid not pay for operation within 60 days of consult or procedure
- I accept that in the event of non-compliance with the above, I will be liable for all legal costs, tracing cost, collection commission, and any costs that may occur in the recovery of monies owed/not paid.
- I agree to allow this practice to share my medical information with the referring doctor, general practitioner and to other specialists to whom I may be referred
- I understand that this is a paperless practice, and all electronic records are saved on a secure server
- All paper documentation is scanned onto server for storage then shredded
- Records will be kept for the statutory period only

Signature.....Date.....Witnessed by