

DR MATLEY AND PARTNERS

PRACTICE NO:4208293

For office use only
DATE:
REF NO:
DR:

PATIENT DETAILS	
Surname	
Name	
Title	
Patient	
Address	
Date of Birth	
ID/Passport No	
Home Tel	
Work Tel	
Cell	
Fax	
Email	
Med Aid or Hospital Plan	
Plan type	
Membership No	
Dependant No	00 01 02 03 04
Gap Cover	
Policy No	
Med Insurance	
Policy No	
Employer	
Occupation	
Next of Kin	
Relationship	
Contact Info	

RESPONSIBLE FOR ACCOUNT: DETAILS OF MEMBER/PERSON/GUARANTOR <small>(Ignore if same as patient info)</small>	
Surname	
Name	
Title	
Account	
Address	
Date of Birth	
ID/Passport	
Home Tel	
Work Tel	
Cell	
Fax	
Email	
Employer	
Occupation	

Home GP	
Referring Dr	
Self referred	

HOW DID YOU HEAR ABOUT US?

G P	<input type="checkbox"/>
Specialist	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Website	<input type="checkbox"/>
Emergency Unit	<input type="checkbox"/>

Please read and sign the terms and conditions regarding our fees overleaf.

TERMS AND CONDITIONS REGARDING PAYMENT FOR OUR PROFESSIONAL SERVICES

This practice does not necessarily charge the rates prescribed by your medical scheme or plan . Depending on the complexity of the problem, we could charge up to approximately three times the amount that your medical scheme reimburses you at. Estimations for operations and procedures are available.

FEES

Our consultation fees vary, and are between R715-R1300. Scans, Materials and Procedures are not included.

We require that fees for consultations, procedures and investigations performed in our rooms be settled immediately. Any discount given for immediate settlement will be reflected on the account.

You are welcome to discuss our fee structure with the doctor at the consultation.

You remain responsible for settlement.

Interest will be charged on all accounts outstanding for more than 30 days at 2% per month.

An administration fee may be charged per month on overdue accounts.

PMB

Whilst every effort will be made to assist a patient whose account is processed under a PMB condition, timeous settlement of the account remains the patient's responsibility.

AUTHORISATIONS

It is very important that patients obtain authorisation from their medical aids when applicable.

All the relevant codes will be supplied by the practice.

Any exclusions or authorisation queries should be reported to the practice prior to the procedure.

I,have supplied all my correct personal details, read and accept the above terms and conditions regarding your fees.

I hereby acknowledge and agree, in line with the provisions of section 15(1) of the National Health Act, that the Practice and its staff may, if I am/was admitted to hospital and under the care of this Practice, access my hospital records and/or the records of any other healthcare professional simultaneously involved in my care.

SIGNED:.....

DATE:.....