

0 Personal information and Declaration**A. Person responsible for account**

Surname / Van:	Title / title:
First names / Voorname:	
ID number / ID nr:	
Postal address / Posadres:	
Home address / Woonadres:	
Employer / Werkgewer:	
Work address / Werksadres:	
Phone numbers / Foon nrs: (H)	(W) (C)
E-mail address / E-pos:	
GP name and contact details / GP naam en besonderhede:	
Medical scheme and option / Mediese skema en opsie:	
Medical scheme number / Mediese skema nr:	

B. Patient details

Full name / Volle naam	Gender / Geslag	Date of birth/ Geboortedatum	Allergies

C. Alternative contact details – relative or close friend

Name / Naam:		
Address / Adres:		
Phone numbers / Foon nrs: (H)	(W)	(C)
Relationship / Verwantskap		

D. Declaration

1. This practice is **NOT CONTRACTED** in to medical schemes and charges above “scale of benefits” rates. All accounts for services rendered must be settled on presentation thereof. An invoice will be supplied that you may submit to your medical aid for reimbursement.
2. **I confirm that the details provided above are true and correct.**
3. **I confirm that I am aware that this practice fees are charged up to 3 times the RPL.**
4. **I undertake to settle all patient portions of accounts (Balanced billing) upon receipt thereof.**
5. **Any amounts due to Dr Dilshaad Asmal exceeding 30days after service date will be handed over for collection.**
6. I confirm that I will be liable for payment of all fees (legal, administrative and commissions) resulting from steps taken in collecting said amounts due by me.
7. I acknowledge that I am responsible for this account not with standing the fact that I may be a member of a medical scheme. **Please note your consultation diagnosis is confidential but this information is released to your medical insurance.**
8. The attending parent may not transfer liability for the account to the non-attending parent.

Signature_____

Date_____