

PATIENT REGISTRATION AND AGREEMENT

Benoni rooms — complete on arrival and sign all four pages

MAIN MEMBER OF MEDICAL AID / PERSON RESPONSIBLE FOR THE ACCOUNT

Surname: _____

Title: _____ Initials: _____

Full names: _____

ID number: _____

Email: _____

Cell: _____

Postal address: _____

Postal code: _____

Home address: _____

Postal code: _____

Occupation: _____

Tel (W): _____

Employer: _____

Work address: _____

PATIENT INFORMATION

Surname: _____

Title: _____ Initials: _____

Full names: _____

ID number: _____

Date of birth: _____

Cell: _____

Tel (H): _____

Tel (W): _____

Referring doctor: _____

NEXT OF KIN NOT LIVING WITH YOU

Initials and surname: _____

Cell: _____

Relationship: _____

MEDICAL AID INFORMATION

Medical aid: _____

Option / plan: _____

Membership number: _____

Dependant code of patient: _____

Authorisation number: _____

The home address above is chosen as my domicilium citandi et executandi for any notice, demand, summons or other document arising from this agreement.

This signed and agreed to at **Benoni** on _____ 20____.

Full names: _____

Signature: _____ (person responsible for the account)

If signing for a patient under 18: relationship to patient _____

Note: this agreement consists of 4 (four) pages, including Annexure A.

GENERAL TERMS AND CONDITIONS

APPLICABLE TO PERSONS JOINING THIS PRACTICE AS PATIENTS

Dear main member and/or patient

The intention of this document is to outline the general conditions applicable to patients attending the Benoni rooms of Dr C.F. Hoogendijk, maxillofacial and oral surgeon, at Room 107, Lakeview Hospital, 1 Mowbray Avenue, Benoni. Depending on the patient's specific requirements at the time, the applicable informed-consent requirement and the cost of the procedure or consultation will be provided at each consultation, taking into account any factors which may affect any decision.

If an exact cost cannot be determined at the consultation, a quotation will be prepared, subject to appropriate terms, before any further agreement is concluded.

This document is a legally binding agreement between you and this practice. You may sign it as the patient, or as parent or guardian on behalf of a patient younger than 18 years. Whether or not you belong to a medical scheme, any dependant over the age of 18 years must enter into a separate agreement with this practice if they require treatment here.

Membership of a medical scheme is a contract between you and that scheme. This practice renders a service to you or your dependants, and you remain liable for all costs incurred for services rendered at your request until settled in full.

1. INFORMED CONSENT

All consultations are recorded for quality and control purposes. Besides being a legal requirement, it is the intention of this practice to provide you, the patient or the parent or guardian of the patient, with the relevant information regarding the clinical condition, treatment options, prognosis and financial implications, so that you can reach an informed decision. After consultation and discussion you will be required to indicate informed consent before treatment starts. If the agreed treatment requires other health-care professionals or admission to a health-care facility, you will be required to consent to each respective treatment and applicable professional policy, after due consultation. You may refuse further treatment and withdraw consent at any stage. You remain liable for all costs incurred up to that point.

2. CHILDREN'S ACT AND CONFIDENTIALITY

From the age of 12 years, a child may request and consent to medical treatment without reference to a parent or guardian, in terms of the Children's Act. The cost of that treatment remains the liability of the parent or guardian in terms of that Act. Unless the child's formal consent is obtained, that information remains confidential and may not be disclosed.

3. YOUR CHOICE OF MEDICAL SCHEME, PLAN AND COVER

When selecting medical-scheme options, a patient often accepts reduced or restricted benefits in order to contain cost. The cost of appropriate treatment and professional care may exceed the prescribed benefits of the plan purchased, and the rules of the scheme may restrict the treatment that can be rendered.

4. ESTABLISH WHAT YOU ARE COVERED FOR

Because you, the patient, parent or guardian, remain liable for the cost of any service rendered by this practice, it is in your interest to know the terms of your cover, including pre-authorisation, exclusions, limits, co-payments, waiting periods, savings balances and designated-service-provider rules.

5. MEDICAL SCHEMES ACT 131 OF 1998

Address any uncertainty about your benefits directly to your medical scheme. The scheme is obliged to provide the relevant information in terms of the Medical Schemes Act 131 of 1998.

6. PROFESSIONAL INDEPENDENCE

This practice will not tolerate interference with the practitioner's professional and clinical independence by a medical scheme or its consultants. If there is unsolicited intervention, the attending practitioner reserves the right to disclaim responsibility and to require you to accept the consequences of that intervention.

7. PRE-AUTHORISATION

If treatment requires admission to a health-care facility, you must establish what your plan covers, obtain the pre-authorisation number and, if a shortfall is expected, make arrangements to settle that amount. This practice may assist with a motivation or pre-authorisation request. The responsibility to satisfy the scheme's requirements remains yours.

8. SETTLING OF ACCOUNTS AND CO-PAYMENTS

This practice will advise the person responsible of the payment options available. Payment for prosthetic equipment required by the patient, including implants, must be paid in full before the procedure starts. Use of another person's medical-scheme card or personal information to obtain a benefit to which one is not entitled is fraud and will be reported to the relevant authorities and to the scheme. You must ensure that this practice has your correct personal and medical-scheme details, and you must advise the practice promptly of any change to contact details, membership, plan, benefits or dependants.

The fee structure of this practice is not necessarily the same as the benefit for which you are covered. In the event of a shortfall, you are responsible for the difference.

Notwithstanding any medical scheme or other insurance, you (or the parent or guardian) remain liable for prompt settlement of outstanding fees. This practice reserves the right to report and recover outstanding fees, mora interest and costs, including attorney-and-own-client fees. In the event of delayed payment, interest may be charged up to the maximum allowed by the Prescribed Rate of Interest Act, on the outstanding amount from invoice date until settlement in full.

9. THE CONSUMER PROTECTION ACT, THE MEDICAL SCHEMES ACT AND THE RULES OF THE HPCSA

This practice conforms to accepted professional standards and legal requirements and will not commit or be party to any fraudulent activity. Fees are structured to the service and kept in keeping with industry norms and legislative provisions. On request, staff will confirm whether this practice is recognised by, or recognises, your scheme's policies. Every effort will be made to obtain payment from your scheme for services covered by your plan. This practice reserves the right to claim payment directly from you as co-principal debtor. Payment must be made within 30 days of the date of a detailed statement. That invoice may then be used to claim reimbursement from your scheme, or retained for tax purposes.

10. GENERAL LEGAL

I have noted the rules governing this practice and undertake to adhere to them. I understand that I am ultimately responsible for payment of the account and that, if the medical scheme or any other person does not settle the account within three (3) months, for whatever reason, mora interest may be levied on any outstanding debt from the date of final demand to the date of payment, both days included.

I agree that all payments due under this agreement are payable to this practice into the nominated banking account. I shall be liable for collection fees on the attorney-and-own-client scale set out in Annexure A if legal action is required to recover an outstanding account. No variation, waiver, estoppel or cancellation of this agreement is of any force unless reduced to writing and signed by a duly authorised representative of this practice and by me, or my duly authorised representative. No indulgence, leniency or extension of a right prejudices the grantor or waives that right.

I choose the home address on page 1 as my *domicilium citandi et executandi*, including for personal service or by affixing to the premises. I may change that address on no less than 7 (seven) days' written notice to this practice. This practice does not extend credit, and the National Credit Act 34 of 2005 does not apply.

I, the undersigned, unconditionally confirm, understand and agree to all the terms in this agreement, including all annexures.

Agreed to and signed at Benoni on _____ 20_____.

Full name: _____

Signature: _____

ANNEXURE A

AGREED LEGAL COSTS

With reference to paragraph 10, if the practice must proceed with legal action, the agreed costs payable by me to the practice are as follows.

UNOPPOSED LEGAL ACTION

Item	Agreed cost
Letter of demand	R 360.00 (excl. VAT)
Summons	R 1 400.00 (excl. VAT)
Default-judgment application	R 1 800.00 (excl. VAT)
Necessary copies	R 4.00 per page (excl. VAT)
Sheriff's fees	Actual costs incurred by this practice
Disbursements	Actual costs incurred by this practice
Attorney's attendance	R 140.00 per 6 minutes (excl. VAT)

OPPOSED LEGAL ACTION

Attorney-and-client scale.

I, the undersigned, unconditionally confirm, understand and agree to all the terms in this agreement, including Annexure A.

Agreed to and signed at Benoni on _____ 20_____.

Full name: _____

Signature: _____