

Patient Information Form 1/3 pages

The principal member is responsible for all accounts. We will deliver the invoice to your medical aid where possible but payment of the account remains the responsibility of the patient or guardian or main member as detailed below.

PATIENT DETAILS	MAIN MEMBER DETAILS
Full name:	Full name:
I.D number/D.O.B:	I.D number/D.O.B:
Occupation:	Occupation:
Marital status:	Marital status:
Cellphone:	Cellphone:
Home:	Home:
Work:	Work:
E-mail:	E-mail:
Home Address:	Postal Address (if different):

NEXT OF KIN

Full name:	Cell:
Relationship:	Home:

MEDICAL DETAILS

Medical Aid:	Plan:
Membership #:	Dependant code:
Referring doctor:	Family doctor:
Gap cover: Yes / No	Gap cover name:
This practice charges in excess of NHRPL tariffs Medical Aid Rates.	

BILLING POLICY Dr Aaron Ndhluni & Dr Alana Heynes

This Practice values its patients and is committed to complete transparency regarding medical cost.

PAYMENT TERMS

All outstanding accounts must be settled within **30 days** from the date of service. Accounts older than 30 days may incur interest and a service fee. Should debt recovery through our attorneys become necessary, the patient will be liable for all associated costs.

MEDICAL AID CLAIMS

The Practice submits claims directly to your medical scheme on your behalf. However, you remain personally liable for any amount your scheme refuses to pay, whether in part or in full. Should you prefer to submit your own claim, please inform the Practice.

PAYMENTS MADE DIRECTLY TO PATIENTS

If your medical scheme pays you directly, you are required to settle your account with the Practice **within 3 days** of receiving those funds. Failure to do so will result in the Practice taking appropriate recovery steps.

CO-PAYMENTS

The Practice's fees may differ from your medical scheme's benefits. You accept responsibility for any co-payment arising from this difference. Complaints regarding scheme coverage may be directed to the Council for Medical Schemes at complaints@medicalschemes.com.

MEDICAL AID RULES & TARIFFS

It is your responsibility to understand your scheme's rules, tariffs and plan options, as these vary between schemes and plans. Please contact your scheme directly for clarification.

COST ESTIMATES

The Practice will endeavour to provide cost estimates prior to any procedure or treatment. As healthcare can be unpredictable, these remain estimates. Should costs change, you will be informed promptly.

AUTHORISATION

Obtaining an authorisation number from your medical scheme for consultations and hospital admissions is your responsibility. Please note that an authorisation number does **not** guarantee payment — your scheme may honour all, part, or none of your final account, leaving you liable for the remainder.

COMMUNICATION

Account notifications are sent via SMS, email, post and phone through our medical bureau, **Praxis**. If you have not received a statement, please follow up directly with the Practice.

I HAVE READ, UNDERSTOOD AND AGREE TO THE CONDITIONS MENTIONED ABOVE.

SIGNED BY PARENT/GUARDIAN OR PERSON RESPONSIBLE FOR THE ACCOUNT

Signature:..... Date

Privacy Policy & The Protection of Personal Information (POPIA) Notice

The Protection of Personal Information (POPI) Act requires us to inform our patients on how we use, disclose, and destroy personal information we obtained. We are committed to protecting our patient's privacy and will ensure that your personal information is used appropriately, transparently, securely, and according to applicable legislation.

By visiting, interacting and/or receiving medical treatment with Dr Ndhuni (the practitioner) and/or Dr Heynes (the practitioner), the patient consents to the following:

1. My personal information may be collected, processed, recorded, used, and must be safeguarded during the rendering of medical services to me by the practitioner hereafter referred to as the practitioner.
2. The practitioner may also add to my personal information, with information received from other medical service providers and third parties to offer a more comprehensive and appropriate service to me.
3. The practitioner may verify, share, and disclose my personal information to third parties whose services or implants are used to adequately and appropriately render medical services to me. This may include, where applicable: The hospital, Anaesthesiologist, General practitioners, Surgical assistants, and Paramedical services involved in my treatment and the booking and planning of surgical interventions.
4. I have the right to access my personal information which the practitioner holds once my account is paid up to date and that it can take up to 30 days to process my request.
5. Any information I supplied to the practitioner is voluntary.
6. I have the right to ask the practitioner to update, correct or delete my personal information on reasonable grounds. This is to be made in writing, by me.
7. My personal information as well as diagnosis will be disclosed to my medical aid scheme, the practitioners billing company (Axialmed) and the main member of the account and/or if applicable, my broker.
8. Medical Aid Schemes: Should I not agree for you to disclose my diagnosis on my account (quote/statement/invoice) then the medical aid scheme has the discretion to reject my claim and I will be responsible to settle the account. (You will be required to provide written notice upon each visit, should you not wish for your diagnosis/ ICD10 codes to appear on your account)
9. Where applicable; that my personal information as well as diagnosis, will be disclosed to the person/entity responsible for the payment of my account i.e. to my partner or employer.
10. Once I object to the practitioner processing my personal information, the practitioner may no longer process my personal information, unless it is within reasonable parameters such as to conclude a transaction or outstanding business.
11. Once I withdraw my consent for the practitioner to process my personal information, I understand that the practitioner is still obliged under legislation to keep such information for 5 years after termination of the relationship between the practitioner and myself and/or that the practitioner may retain my medical records for their protection, as long as the practitioner remains in practice.
12. The practitioner may disclose my information where they have a duty or a right to do so in terms of applicable legislation or where it may be necessary under any other law.
13. The practitioner may record and store audio and/or video footage of consultations and surgical procedures between the practitioner and patient, for quality and note-taking purposes.
14. That where I did not give written consent for the practitioner to obtain my information, that the practitioner cannot be held responsible for obtaining such information.
15. Should I refuse to provide my Personal Information, where the practitioner's purpose for such collection is based on a contractual requirement, legal obligation and/or legitimate interest of the practitioner, I understand that it will hinder the practitioner's ability to perform his duties and responsibilities. Where reasonable justification exists, the practitioner may as a consequence reserve his right to refuse admission diagnosis and treatment.

I, the undersigned, am personally responsible for payment and not my medical aid. In the event of divorce, the parent accompanying the minor is responsible for settlement of the account. In the event of any legal action being instituted against me for recovery of any amount whatsoever, I shall be liable for all legal costs including admin costs and a 20% admin fee on each instalment paid. If the matter is defended, I will be liable for legal costs incurred on an attorney/client scale. Once my account has been handed over there will be no further correspondence entered into with the practice. All correspondence will be with ARA (Anthony Richards & Assoc). The National Credit Act 34 of 2005 is not applicable to this claim. I hereby choose my above address as my domicilium citandi et executandi for all 1-1ur1-1oses under this a\ireement.

I confirm that the information provided by me is true and correct.

I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS MENTIONED ABOVE. SIGNED BY PARENT/GUARDIAN OR PERSON RESPONSIBLE FOR THE ACCOUNT

Signature Date

Our practice agrees to maintain the confidentiality of your confidential information that the patient grants us to and undertakes to utilise the said confidential information for the purpose of rendering of accounts.