

I hereby declare that all the information supplied is just and true. I confirm that I accept responsibility as principal debtor for payment of the full outstanding amount. I confirm that by completing these details online and confirming the appointment, I consent to the practice's terms and conditions as contained in this form.

I can confirm and acknowledge that by choosing this practice:

- That I have been informed of the fees charged by this practice. **The following apply:**

First consultation – R1,550.00

Follow-up consultation – R680.00

Writing of prescriptions / repeat prescriptions – R180.00

These fees are payable immediately after the consultation.

- That I can request the information regarding the fees from the practice prior to receiving any treatment.
- That these tariffs / fees may exceed the amount paid by the medical scheme as the doctor may not be contracted with my medical scheme, and that I am able to obtain those details from my medical scheme.
- That fees do not include hospital cost, any pathology or radiology, or referral to another healthcare provider as this would be for my own account for those services.
- That I and/or my family or other persons that come to the practice will not harass the healthcare professionals and staff. That I will treat them with respect and acknowledge that I will also be considerate to the wellbeing of other patients around me, always adhering to any rules of the practice. If not, I understand that the practice has a right to refuse treatment or refuse to continue to treat me or my children.
- That I will only communicate with the practice in person, via telephone or by email correspondence should I have any questions, and should I not have any question that the practice may assume that I understood everything.
- That I authorise and give consent to the Practice, the staff or agent of the Practice, which may include the practice management services of a contracted third party, to present for payment all the relevant details and personal information, owed to the Practice. That this information will include a diagnostic code (ICD-10) or other details relating to the treatment. The Practice, nor its agents, shall incur any liability in instances where accounts are not submitted to the medical scheme.
- That the practice will regard my information as confidential in relation to my healthcare, however, may need to disclose this to other healthcare providers with regards to my treatment to which I consent.
- That if the account is not paid, for whatsoever reason, I will settle this within 30 calendar days. Should this account be overdue I understand that should I still not settle the account upon receipt of a final notice / demand that the practice may undertake the debt collection process and that I will be responsible for the costs or legal fees relating to this collection, which may also include interest. I consent that should this be the case, my personal information may be given to the debt collection agency / attorneys.
- That all appointments must be cancelled at least 24 hours in advance, by failing to do this I may be charged for a late penalty cancellation fee **which is equal to the full amount due.**
- That any request for repeat prescriptions, completion of chronic medication application forms, special motivation letters, medical report or letter accompanying disability claims will also be charged and will be payable immediately upon receipt of the documentation.