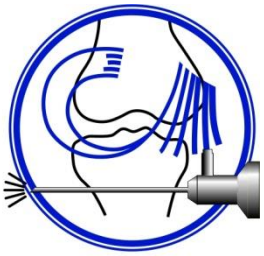
Dr. Naudé Marais

MB ChB (UOVS)M Med (Orthop) FC Orth (SA)

ORTOPEDIESE CHIRURG ORTHOPAEDIC SURGEON

Pr. No. 0144185



PATIENT DETAILS

TITLE: …….. SURNAME: ……

FULL NAMES: ……dependant code : ……(NB!)

DATE OF BIRTH: ……. /……. /……. ID: ……

OCCUPATION: …….. ALLERGIES: ……..

POSTAL ADDRESS: ……

…… CODE: ……

HOME ADDRESS: ……

TEL (H): …… (CELL): …… (W): ……

REFERRED BY: ……

PERSON RESPONSIBLE FOR ACCOUNT:

MAIN MEMBER: …… ID: ……

MEDICAL AID: ……OPTION …… NUMBER:……

ADDRESS: principle member : ……

…… CODE: ……..

TEL (H): …… (CELL): …… (W): ……..

E-MAIL ADDRESS: ……

EMPLOYER:……

OTHER CONTACT (not staying with you):……..

……TEL:……

PLEASE NOTE:

1. This practice does not have a contract with any medical aid.
2. The patient is primarily responsible for the account. Please follow up with your medical aid regarding your account!
3. Private fees are charged. (NHRPL rates + 37%).
4. Consultations are on a cash basis. Please make sure you do not have a co-payment before leaving this practice!
5. After surgical procedures, an account will be submitted to you. Payment within 30 days will qualify for a 20% discount.
6. Interest of 20% will be added after 60 days.
7. This practice will send you a sms regarding outstanding accounts.
8. If preferred your statement can be e-mailed to you.
9. Please contact this practice should your details or your medical aid details change.
10. Please make sure ALL your information, given, is correct!
11. It is your responsibility to know and understand the rules of your medical aid.
12. This practice does not take any responsibility for ANY unpaid accounts.
13. The patient is responsible for ALL authorisations – the practice will help with big theatre procedures.

SIGNATURE: …… **DATE: ……. /…… /……**

(patient details op nuwe briefhoof)