Dr Andro Theart & Melissa Mouton

DETAILS OF CHILD(REN) PLEASE

Name and Surname	Gender	Date of Birth	Dependant Code

DETAILS OF PARENTS/GUARDIAN OF ABOVE MENTIONED CHILDREN

Mother:	Occupation:	ID:
Father:	Occupation:	ID:

PERSON RESPONSIBLE FOR THE ACCOUNT

Title:	Surname:	Initials:
First name (main member):		ID:
Postal address:		
		Postal Code:
Physical address: (if different)		
Contact no. Home:	Work:	
Mom Cell:	Dad Cell:	
Mom E-mail address:	Dad E-mail address:	
Employer:		
Work address:		

MEDICAL AID DETAILS (Please show medical aid card)

Name of Medical Aid:	Option:
Main Member:	Number:

FAMILY or FRIEND (not from same household)

Name and Surname:	
Address:	
Relationship:	Tel:

I, the undersigned, do hereby:

Confirm that the above information is true and correct. I undertake to inform you of any changes thereto within 14 days of a change occurring.

Acknowledge that I have been informed that this practice charges rates higher than the reference price list (RPL/NHRPL) and confirm that I am aware of the RPL values for services are available from the Department of Health (Tel: 012 312 0000), the Health Professions Council of South Africa (Tel: 012 338 9300) and www.doh.gov.za

I take full responsibility for the account and accept that in the event of my non-compliance with the above undertaking I will be held liable for payments of all costs incurred in collecting such moneys from me as between attorney and client, including collection commission and tracing costs. I take note that interest will be charged for accounts older than 60 days and that in the event of non payment by 90 days my name will be added to the "ITC" list of bad payers.

Accept that I may be charged for telephone consultations, chronic forms, scripts or consultations cancelled less than 24 hours before the consultation.

Acknowledge that Paediatricians standing in for Dr Theart after hours, over weekends and on holidays may also charge rates higher than the RPL and that I will be billed by them for their services.

Acknowledge that I am able to obtain from my medical aid the amount it covers for services rendered.

I am aware that legislation requires an ICD-10 diagnosis code on the account and give my consent.

SIGNATURE:	**DATE:**

Afrikaans op die keersy

Dr Andro Theart & Melissa Mouton

BESONDERHEDE VAN KIND(ERS) ASB.

Naam en Van	Geslag	Geboortedatum	Afhanklikheidskode

BESONDERHEDE VAN OUERS/VOOG VAN BOGENOEMDE KINDERS

Moeder:	Beroep:	ID:
Vader:	Beroep:	ID:

PERSOON VERANTWOORDELIK VIR REKENING

Titel:	Van:	Voorletters:
Eerste naam (van hooflid):		ID:
Posadres:		
		Poskode:
Fisiese adres: (indien verskillend)		
Kontak nr. Huis:	Werk:	
Ma Sel:	Pa Sel:	
Ma E-pos adres:	Pa E-pos:	
Werkgewer:		
Werksadres:		

MEDIESE FONDS BESONDERHEDE (toon asb u mediese fonds kaart)

Naam van Mediese Fonds:	Opsie:
Hooflid:	Nommer:

NAASTE FAMILIE of VRIENDE (nie van dieselfde huishouding)

Naam en Van:	
Adres:	
Verwantskap:	Tel:

Ek, die ondergetekende:

Bevestig dat bogemelde inligting waar en korrek is en onderneem om u binne 14 dae nadat enige van die besonderhede hierbo verander het in kennis te stel van die nuwe besonderhede.

Erken hiermee dat ek bewus is dat hierdie praktyk hoër tariewe vra as die verwysingspryslys (RPL/NHRPL) en bevestig dat ek bewus is dat die RPL tariewe vir dienste gelewer, beskikbaar is van die Departement van Gesondheid (Tel: 012 312 0000), die Health Professions Council of South Africa (Tel: 012 338 9300) en www.doh.gov.za

Aanvaar dat ek moontlik 'n fooi moet betaal vir telefoon konsultasies, kroniese vorms, voorskrifte en konsultasies gekanselleer minder as 24 uur voor die konsultasie.

Neem volle verantwoordelikheid vir rekening en aanvaar dat indien ek nie bogemelde ondernemings nakom nie, ek aanspreeklik sal wees vir alle regskoste aangegaan om gelde van my te verhaal soos tussen prokureur en klient, waarby ingesluit is invorderingskommissie en opsporingskoste. Ek neem kennis dat rente gehef sal word op rekeninge ouer as 60 dae en dat indien die rekening teen 90 dae nie betaal is nie, my naam gelys sal word op die "ITC" lys vir swak betalers.

Neem kennis dat ander Pediaters wat vir Dr Theart instaan na-ure, oor naweke en vakansies moontlik ook fooie hoër as RPL vra, en dat ek 'n rekening sal ontvang vir hulle dienste vanaf hulle.

Erken dat ek die nodige inligting van my mediese fonds kan kry ten opsigte van die bedrag wat my mediese fonds dek vir dienste gelewer.

Ek besef dat wetgewing 'n diagnose op die rekening vereis en gee toestemming dat die inligting verskaf word as 'n ICD-10 kode.

HANDTEKENING:	DATUM:

English on reverse side