Dr Dory Neu-Ner

MBBCh [Wits] FC Ophth [SA]

Ophthalmic Surgeon

Pr. No.: 0384054 | MP 0572721

PATIENT INFORMATION FORM

PATIENT INFORMATION:

REFERRED BY:_____

SURNAME:_____ TITLE:_____

FULL NAME:_____ DATE OF BIRTH: D D M M Y Y Y Y

I.D. NUMBER:_____

POSTAL ADDRESS:_____ RESIDENTIAL ADDRESS:_____

_____ _____

_____ _____

_____ _____

TEL NO. (H) :_____ TEL NO. (W) :_____

CELL NO:_____

E-MAIL ADDRESS:_____

EMPLOYER:_____ OCCUPATION:_____

MEDICAL AID NAME:_____

MEDICAL AID PLAN:_____

MEDICAL AID NO.:_____ MAIN MEMBER:_____

PERSON LIABLE FOR ACCOUNT:

SURNAME:_____ TITLE:_____

FULL NAME:_____

I.D. NUMBER:_____

POSTAL ADDRESS:_____ RESIDENTIAL ADDRESS:_____

_____ _____

_____ _____

_____ _____

TEL NO. (H):_____ TEL NO. (W) :_____

CELL NO:_____

E-MAIL ADDRESS:_____

EMPLOYER:_____ OCCUPATION:_____

NEXT OF KIN INFORMATION (FRIEND/RELATIVE):

SURNAME:_____ INITIALS:_____

FULL NAME:_____ TITLE:_____

CELL NO.:_____ TEL NO.(H):_____

E-MAIL ADDRESS:_____

RELATION:_____

SIGNED AS TRUE AND CORRECT BY PATIENT OR PARENT/GUARDIAN, AS APPLICABLE:_____

TERMS AND CONDITIONS OF CONTRACT BETWEEN THE **PATIENT**

(INCLUDING PARENT/GUARDIAN, AS APPLICABLE) AND THE **SPECIALIST** (DR DOR NEU-NER)

1. **The Specialist charges private rates which may be higher than the rates covered by the Patient's medical aid or medical insurance cover. The Patient is personally liable for the full amount charged by the Specialist for consultations, tests, treatments and procedures (Services).** What Medical Schemes pay for healthcare varies from scheme to scheme, and option to option. It is the Patient's responsibility to be fully acquainted with the terms and conditions of his/her medical scheme plan.

2. The Patient shall obtain any pre-authorisations required by his/her medical aid for procedures and ensure that funding is available to cover any non-insured costs.

3. All adults (persons over the age of 18) remain fully liable to settle the full account, irrespective of:
   i. whether your scheme gave pre-authorisation; or
   ii. whether you are a dependent on someone else's medical scheme; and
   iii. whether the Practice has submitted the account to the Medical Scheme
   In some cases medical schemes will only pay a portion of the treatment costs, and there is then still a part of the costs/ fees outstanding.

4. In the case of non-payment, the Specialist shall charge interest at the maximum allowed rate from the day on which the Services are rendered until the debt is paid in full. The Patient acknowledges and accepts that non-payment will render him/her personally additionally liable for all legal costs, tracing costs and collection fees incurred in recovery of any outstanding amounts. The Patient and/or guarantor consents that the practice may use a national credit bureau database for tracing purposes if necessary. Should that patient and/or guarantor fail to settle their account in full, the practice may record the patient and or guarantor's default with a Credit Bureau. All parties named herein consent to the jurisdiction of the magistrate's court should legal Proceedings be necessary for collection of outstanding amounts.

5. The Patient hereby consents to the processing of his/her personal information contemplated in the Protection of Personal Information Act No 4 of 2013, by the Specialist, the Practice staff, and any other 3rd parties with whom the Practice has a contractual relationship for the following purposes:
   - Treating and managing the Patient in terms of the Doctor-and-Patient relationship;
   - The administration of the contractual relationship between the Patient and the Specialist;
   - Communicating with other persons in as much as it relates to treatment and management;
   - Communicating with 3rd Parties who have undertaken to indemnify the Patient for the costs of treatment and management or part thereof including medical schemes, their administrators, and medical billing companies;
   - Collecting monies outstanding from the Patient; and
   - The Patient's de-identified personal information may be used for statistical, research, business planning purposes, patient registries, where your healthcare information is entered into a database which allows the ophthalmology profession to get a better understanding of patient care, to prepare conference presentations, to contribute to round table discussions, and to contribute to academic meetings.

6. The Patient accepts that all such personal information will be retained by the Practice until such time as the Practice deems it necessary to delete the information. Should there be a transfer of ownership of the Practice, the Patient hereby grants consent to transfer the personal information to the new owner.

7. The Patient understands that he/she has the right to ask the Specialist or his staff (as appropriate) questions regarding this contract, the Services or the diagnosis whether now or in the future. The Patient also understands that should any Services be recommended over and above a basic consultation, the Patient's verbal consent will suffice.

8. The Specialist has presented this simply written contract to the Patient, and the Patient hereby acknowledges that he/she has read this contract carefully, understands it, and accepts the terms and conditions above.

I hereby accept the above terms and conditions of contract.

Signed_____ Date _____