

PASIENT INLIGTING / PATIENT INFORMATION

TITEL VOLLE NAME VAN
TITLE FULL NAMES SURNAME:

ID NO:

**LID BESONDERHEDE / MEMBER'S DETAILS
(OF PERSOON VERANTWOORDELIK VIR BETALING / OR PERSON RESPONSIBLE FOR PAYMENT)**

TITEL VOLLE NAME VAN
TITLE FULL NAMES SURNAME:

ID NO:

ADRES / ADDRESS

POS/ POSTAL:

FISIERS / RESIDENTIAL:

TEL HUIS / HOME: EPOS / EMAIL:

TEL WERK/ WORK: MAN/HUSBAND: TEL WERK/ WORK: VROU/WIFE:

SEL/CEL: MAN/HUSBAND: SEL/CEL: VROU/WIFE:

**VRIENDE / FAMILIE WAT NIE BY U BLY NIE
FRIENDS / FAMILY NOT LIVING WITH YOU**

VOLLE NAME
FULL NAME

TEL NO: VERWANTSKAP:
RELATIONSHIP:

MEDIESE FONDS BESONDERHEDE / MEDICAL AID DETAILS

NAAM: OPSIE: NO: AFHANKLIKE KODE: PASIENT
NAME: OPTION: NO: DEPENDANT CODE PATIENT

GAP COVER: YES- JA / NO-NEE AFHANKLIKE KODE HOOFID
GAP COVER OPTION / OPSIE: DEPENDANT CODE MEMBER

VERWYSENDE DR: TEL NO:
REFERRING DR: TEL NO:

❖ **LET WEL: HIERDIE PRAKTYK HEF PRIVAAT FOOIE**
EK AANVAAR PERSOONLIKE VERANTWOORDELIKHEID VIR BETALING VAN REKENINGE AAN HIERDIE PRAKTYK. IN DIE GEVAL VAN NIE BETALING SAL EK VERANTWOORDELIK WEES VIR ALLE REGSKOSTE TER INVORDERING VAN DIE UITSTAANDE BEDRAG OP DIE PROKUREUR EN KLIENT SKAAL. RENTE WORD GEHEF OP AGTERSTALLIGE REKENINGE.

❖ **PLEASE NOTE: THIS PRACTICE CHARGE PRIVATE FEES**
I ACKNOWLEDGE PERSONAL RESPONSIBILITY FOR PAYMENT OF ACCOUNTS TO THIS PRACTICE. IN THE EVENT OF NON-PAYMENT I SHALL BE LIABLE FOR ALL LEGAL COSTS IN THE COLLECTION OF THE OUTSTANDING AMOUNT ON THE ATTORNEY AND CLIENT SCALE. INTEREST CHARGED ON OVERDUE ACCOUNTS.

GETEKEN / SIGNED: DATUM / DATE: