



Dr Joe De Beer

ORTHOPAEDIC SHOULDER SURGEON / ORTOPEDIESE SKOUERCHIRURG

Dr Joe F de Beer MB ChB, M Med (Orthop)

Pr.2803593 • MP 16050

1. PATIENT DETAILS | PASIENT BESONDERHEDE

| | | | |
|--------------------------------|---------------------------|---------------------------------|----------------|
| Surname Van | First names | Dependent Code (01/02/03) | Title Titel |
| Date of birth Geboortedatum | ID No | | |
| Occupation Beroep | Home Language Huistaal | Huwelikstatus Marital status | |
| Home address Woonadres | | Patient Cell | |

2. PERSON RESPONSIBLE FOR ACCOUNT | PERSOON VERANTWOORDELIK VIR REKENING

| | |
|--|-------------------------------------|
| Full names & Surname (Main member) Volle name & Van (Hooflid) | Title Titel |
| Home address Woonadres | |
| Member's ID No Hooflid se ID No | Postal code Poskode |
| Postal Address Posadres | |
| Postal code Poskode | |
| Employer Werkgewer | Address Adres |
| Telephone (home) Telefoon (huis) | Telephone (work) Telefoon (werk) |
| THIS EMAIL ADDRESS WILL BE USED FOR ALL ACCOUNT STATEMENTS AND CORRESPONDENCE e-mail address e-pos adres | Cell Sel |

3. MEDICAL AID | MEDIESE FONDS

| | | |
|--|------|--------------------------------|
| Name of Medical Aid Fund Naam van Fonds | Plan | Membership No Lidmaatskap Nr |
| DO YOU HAVE GAP COVER? ADDITIONAL INSURANCE ADDISIONELE VERSEKERING | | |

4. NEAREST FAMILY | FRIEND (not at same address) NAASTE FAMILIE | VRIEND (nie by dieselfde adres nie)

| | |
|-----------------|-----------------------------|
| Name Naam | Relationship Verwantskap |
| Address Adres | Tel |

5. REFERRED BY | VERWYS DEUR

| | |
|-----------------|------------------------|
| Name Naam | Tel |
| Address Adres | Postal code Poskode |

6. FAMILY DOCTOR | HUISDOKTER

| | |
|-----------------|------------------------|
| Name Naam | Tel |
| Address Adres | Postal code Poskode |

IMPORTANT : PLEASE READ OVERLEAF | BELANGRIK : BLAAI ASB OM EN LEES

DEAR PATIENT

WELCOME TO THE PRACTICE

These are the rules and guidelines for our credit facilities at this Practice. Please read this brochure carefully so that any misunderstanding and problems about outstanding accounts can be correctly addressed.

- >Please note that we are a CASH PRACTICE. All consultation fees must be paid in full at the time of your consultation. The costs of consultation are provided telephonically at the time of appointment booking.
- >If your account is outstanding after 30 days, interest will be charged against the outstanding amount at 2% monthly, for which you will be responsible in your personal capacity. An additional R50 service fee will also be charged.
- >Unpaid accounts will be handed over to an attorney for collection after 60 days, in which event you will be liable for all legal costs.
- >Cancellation of an appointment must be 24 hours prior to the consultation day. If not a consultation fee will be charged.

NB: Please note that we are private practice, and DO NOT charge medical aid tariffs. Irrespective of whether you belong to a medical aid, you are responsible for the payment of your account should your medical aid not settle within 60 days. This practice does not negotiate with your Medical Scheme on your behalf. I, the undersigned, and/or the principal member of my Medical Aid are thus jointly and separately, liable for this account.

I, undersigned,confirm that the information mentioned is true and correct and I accept the terms and conditions stipulated hereinabove.

.....
Signature
Date

>By signing the below declaration, you confirm that you have read and understood the attached information sheet (PoPI Act details), and are hereby giving permission for us share your information with third parties (other medical practitioners, radiology departments, pathology departments etc).

I, undersigned,confirm that the information mentioned is true and correct and I accept the terms and conditions stipulated hereinabove.

.....
Signature
Date

GEAGTE PASIËNT

WELKOM BY DIE PRAKTYK

Dit is die reëls en terme vir u kredietfasiliteite by ons praktyk. Lees dit asb noukeurig sodat ons verleentheid en misverstand kan verhoed en uitskakel.

- >Let daarop dat ons 'n KONTANT PRAKTYK is. Alle konsultasie kostes is betaalbaar op die konsultasie dag. Konsultasie kostes word telefonies bevestig teen tyd van afspraak bespreking.
- >Indien u rekening uitstaande is na 30 dae, sal daar rente gehef word op die uitstaande bedrag teen 2% per maand, u sal verantwoordelik wees vir hierdie rekening. 'n Addisionele koste van R50 diensfooi sal ook gehef word.
- >Indien u rekening 60 dae uitstaande is sal dit oorhandig word aan 'n prokureur, in hierdie geval sal die pasiënt verantwoordelik wees vir alle regskostes.
- >Indien u 'n afspraak wil kanselleer moet dit asseblief 24 uur voor die datum van die afspraak geskied, indien nie sal die pasiënt verantwoordelik wees vir die betaling van 'n konsultasie fooi.

NB: Let asseblief daarop dat ons 'n private praktyk is, en vra NIE mediese fonds tariewe nie. Ongeag van die feit of u aan 'n mediese fonds behoort of nie, is u verantwoordelik vir die betaling van u rekening, indien die mediese fonds nie die rekening binne 60 dae vereffen nie. Die praktyk onderhandel nie namens u met u mediese skema nie. Ek, die ondertekende, en/of die hooflid van die mediese skema is beide gesamentlik en afsonderlik verantwoordelik vir die rekening.

Ek, die ondergetekende bevestig dat die inligting verskaf korrek is, en ek verstaan en bepaal my by die bogenoemde.

.....
Handtekening
Datum

>Deur die onderstaande verklaring te onderteken, bevestig u dat u die aangehegte inligtingsblad (PoPI Ac details) gelees en verstaan het, en gee u hiermee toestemming vir ons om u inligting met derde partye te deel (ander mediese praktisyne, radiologie departemente, patologie departemente ens).

Ek, die ondergetekende bevestig dat die inligting verskaf korrek is, en ek verstaan en bepaal my by die bogenoemde.

.....
Handtekening
Datum