

Pasiëntregistrasie / Patient Registration

A. Hooflid van Mediese Fonds / Principal member of Medical Aid Society

1.
 Titel / Title Voorletters / Initials Van / Surname

.....
 Volle voorname / Full first names

2. ID Nommer / ID Number

3. Geboortedatum / Date of birth

4. Posadres / Postal Address

.....

..... Kode / Code

5. Woonadres / Residential Address

.....

..... Kode / Code

6. Kontakbesonderhede / Contact details

Landlyn / Land line

Selfoon / Cellphone

E-pos adres / E-mail address

Werk / Work

Faks / Fax

7. Beroep / Occupation

8. Werkgewer / Employer

9. Werkadres / Work Address

B. Besonderhede van Mediese Fonds / Details of Medical Aid

1. Naam van Mediese Fonds / Name of Medical Aid

2. Opsie / Option

3. Lidnommer / Membership Number

Indien u die hooflid van die Mediese Fonds is, hoef u nie **Afdeling C** op die volgende bladsy te voltooi nie.
 If you are the main member of the Medical Aid, you may skip **Section C** on the next page.

C. Pasiëntbesonderhede / Patient details

1.
 Titel / Title Voorletters / Initials Van / Surname

.....
 Volle voorname / Full First Names

2. ID Nommer / ID Number

3. Geboortedatum / Date of birth

4. Posadres / Postal Address

 Kode / Code

5. Woonadres / Residential Address

 Kode / Code

6. Kontakbesonderhede / Contact details

Landlyn / Land line Werk / Work

Selfoon / Cellphone Faks / Fax

E-pos adres / E-mail address

7. Afhanklike nommer op u Mediese Fonds kaart
 Dependent number on your Medical Aid card

D. Ander Inligting Benodig / Other Information Required

- Verwysende Praktisyn / Referring Practitioner
- Naam, adres en kontakbesonderhede van twee naasbestaendes wat nie by dieselfde adres woon nie.
 Name, address and contact details of two friends and / or relatives not living at the same address.
 1.
 2.
- U kan my kontak via e-pos of SMS / You can contact me via e-mail or SMS. Ja / Yes Nee / No

VERKLARING

Ek bevestig en aanvaar dat ...

1. Hierdie praktyk nie die tariewe hef wat die Departement van Gesondheid eensydig vir dokters vasgestel het nie, wat bekendstaan as die "Reference Price List" (RPL).
2. Hierdie praktyk se fooie tot 3 keer hoër as die RPL mag wees.
3. Die RPL tariewe ter insae beskikbaar is by die Departement van Gesondheid, telefoonnommer 012 312-0000, die Health Professionals Council of South Africa by 012 338-9300 of by die Departement van Gesondheid se webwerf by www.doh.gov.za.
4. Ek verantwoordelik is vir die volle betaling van dienste gelewer en dat, indien ek nie tydig betaal nie, ek aanspreeklik is vir die fooie en koste van skuldinvordering op 'n prokureur en eie kliënt skaal.

DECLARATION

I acknowledge and accept that ...

1. This practice does not charge the rates that have been unilaterally determined for doctors by the Department of Health, which is known as the "Reference Price List" (RPL).
2. The fees charged by this practice may be up to 3 times the RPL.
3. The RPL tariffs are available from the Department of Health, phone number 012 312-0000, the Health Professionals Council of South Africa at 012 338-9300 or at the website of the Department of Health at www.doh.gov.za.
4. I am responsible for full payment of the services rendered and that, if I do not pay timeously, I will be liable for the fees as well as the cost of debt recovery on an attorney and own client scale.

.....
 Naam in drukletters / Printed Name

.....
 Handtekening / Signature

.....
 Datum / Date