

Please supply the following information: (We also need to take a copy of your ID+Medical Card)

Patients full name: (Ms/Mrs/Mr) _____

Date of Birth: ____/____/____ ID Number: _____

Occupation: _____ Medical aid dependent number: _____

Postal Address: _____

Postal Code : _____

Home address: _____
(if different from above)

Postal Code : _____

Telephones: (H) _____ (W) _____ (C) _____

Email: _____ Person responsible for account _____

Referred by Doctor / Person / Google / SaMedicalSpecialist / Recomed / Other: _____

Medical aid details

Medical Aid: _____ Plan: _____ Number: _____

Main Member: _____ ID Number : _____

Fee Structure: Our rates are based on Discovery Health Premier A Rate. We are contracted to Discovery, BankMed & GEMS so their members are fully covered by the medical aid pending savings for consultations.

Other patients need to settle the full account on the day of service. We offer a 10% discount on our usual fee if paid on the day of service.

Our usual fees are:	<u>Consultations:</u>	R 2 120.00
<u>A guide to procedures:</u>	Gastroscopy	R 4 700.00
	Colonoscopy	R 13 000.00 (+R1 700 for polypectomy)

Please note that our rates are still slightly above Discovery Health if you use the 10% discount offered. Accounts not paid within 30 days will attract interest at 20 % per annum and a monthly R65.00 administration fee. You are always responsible for your account. All patients need to discuss their accounts with the receptionist on the day of the consultation or procedure to get the discount.

Signature: _____ Date: ____/____/____

This practice adheres to the terms of Sec 51 of the Promotion of Access to Information Act, 2000 (POPI). We are professionally obligated to provide a report of your consultation to your referring doctor unless you specifically decline permission. If you require any other sharing of your information please complete a "Consent Form" from the front desk. This would include providing information to family members or friends.