

Dr Anton Seris
BMed. Sci, MBChB, MMed (OetG)
PR. No. 1607146
VERLOSKUNDIGE – GINEKOLOOG
OBSTETRICIAN – GYNAECOLOGIST

Lêer _____
 File _____

Rek Nr _____
 Acc No _____

PASIËNT BESONDERHEDE – PATIENT DETAILS

Van _____
 Surname _____
 Titel _____
 Title _____
 Volle Name _____
 Full Names _____
 Beroep _____
 Occupation _____
 Telefoon nommer _____
 Telephone number (h) _____
 E-pos adres: _____
 Email: _____
 Verwys deur _____
 Referred by _____

Voorletters _____
 Initials _____
 Noemnaam _____
 First Name _____
 Id No _____
 Id Nr _____
 Telefoon nommer _____
 Telephone number (w) _____
 Sel/Cell _____
 Faks: _____
 Fax: _____
 Huisdokter _____
 GP _____

PERSOON VERANTWOORDELIK VIR REKENING
PERSON RESPONSIBLE FOR ACCOUNT

Van _____
 Surname _____
 Titel _____
 Title _____
 Volle Name _____
 Fulle Names _____
 Pos Adres _____
 Postal Address _____

Voorletters _____
 Initials _____
 Noemnaam _____
 First Name _____
 Id No _____
 Id Nr _____
 Woonadres _____
 Residential Address _____

Kode _____
 Code _____
 Werkgewer _____
 Employer _____

Kode _____
 Code _____
 Werkgewer Tel no _____
 Employer Tel nr _____

Telefoon nommers _____
 Telephone numbers (h) _____

Telefoon nommer _____
 Telephone number (w) _____

Sel/Cell _____

E-pos adres _____
 Email: _____

MEDIËSE FONDS / MEDICAL AID

Naam _____
 Name _____
 Opsie _____
 Option _____

No _____
 Nr _____
 Afh. kode _____
 Dep. Code _____

Naaste Familie / vriend (in geval van nood) / Nearest Family / friend (in case of emergency)

1. _____
 2. _____

Tel _____
 Tel _____

Hiermee bevestig ek dat bg. besonderhede korrek is en dat ek die invorderingkoste sal betaal as die rekening nie vereffen word nie.

I hereby confirm that the above mentioned details are correct and I agree to pay the recovery charges, should the account be in arrear.

Geteken _____
 Signed _____

Datum _____
 Date _____

BELANGRIKE KENNISGEWING / IMPORTANT NOTICE:

- Neem kennis dat hierdie praktyk geen kontraktuele waarborg van enige Mediese Fonds het dat hulle 'n rekening sal vereffen nie. Die pasiënt bly dus primêr verantwoordelik vir die volle vereffening van die rekening

Please take notice that this practice has no contractual agreement with any Medical Aid to guarantee payment and therefore you remain responsible for the settlement of the account in full.

- U sal 'n rekening kry wat 'n bybetaling of heffing bokant die NHRPL tarief insluit. Neem asb noulettend kennis van hierdie reëling om moontlike misverstande te voorkom.

You will be required to pay a levy / co-payment to your account above NHRPL tariff. Please take careful notice of this arrangement in order to avoid misunderstanding.

- Pasiënte sonder mediese fondse vereffen hulle rekeninge met konsultasies.

Patients without medical aid should settle their account during consultations.

- Telefoon konsultasies kan ook gehef word (Mediese Fondse staan nie voordele hiervoor toe nie)

Telephone consultations may be charged (Medical Aids do not pay for these)

- Afsprake moet 24uur vooraf gekanseleer word, anders kan 'n konsultasie gehef word.

Appointments should be cancelled 24 hours before the time or else a consultation fee might be charged.

- Magtiging vir alle prosedures is die pasiënt se eie verantwoordelikheid. Die praktyk sal u van die nodige prosedure en diagnose kodes voorsien, wat u aan u Mediese Fonds moet deurgee.

Authorization for procedures is the sole responsibility of the patient. The necessary procedure and diagnosis codes will be made available to you to inform your Medical Aid.

- Patologie Uitslae / Pathology Reports

Hierdie praktyk sal u slegs van belangrike abnormale patologie resultate in kennis stel. Dit is nie moontlik om u van normale resultate te verwittig nie

This practice will inform you about abnormal pathology results. Normal results will not be communicated.

- Ek verstaan die implikasies en stem in dat die dokter / praktyk die ICD10 diagnostiese kodes aan my Mediese Fonds mag verskaf.

I understand the implications and agree, where appropriate, to the doctor / practice disclosing my ICD10 diagnostic codes to my Medical Aid.

Ek herken hiermee dat ek bogenoemde inligting gelees het voor ek geteken het en dat alle inligting oor my mediese plan wat deur my verskaf is, waar en korrek is. Ek onderneem ook om volle verantwoordelikheid te aanvaar vir rekeninge gehef deur Dr Anton Seris, asook enige kostes aangegaan vir die invordering daarvan.

I hereby acknowledge that I have read the above information prior to having signed and that all information submitted by me is true and correct. Herewith, the undersigned, takes full responsibility for all accounts rendered for services by Dr Anton Seris, as well as for any costs necessary for the collection thereof.

Geteken:
Signed: _____

Datum:
Date: _____

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**Kennisgewing aangaande heffings/bybetalings met verwysing na
dienste gelewer:**

Geagte Pasiënt

Omdat mediese fondse meestal nie die tariewe wil betaal wat ek vir die meeste dienste hef nie, is meeste van die konsultasies en prosedures wat ek doen dan belas met 'n addisionele bybetaling / heffing bokant die mediese fonds tarief.

Hierdie bybetalings is van toepassing op die volgende:

- Konsultasies
- Prosedures en operasies (onder narkose)
- Bevallings (verwys daarna as kraamheffing)
- Soms ook sonar-bybetalings waar die mediese fondse nie daarvoor betaal nie, of net vir 'n beperkte aantal sonars betaal.

Hiermee moet u dus asb. erken dat u hierdie kennisgewing gelees het en dat u dan onderneem om die verantwoordelikheid te neem om met elke konsultasie by hierdie praktyk te verseker dat u op hoogte van sake is ten opsigte van u rekening en enige toekomstige rekeninge

Die uwe

Dr. Anton Seris

Handtekeninge:

.....
Pasiënt Gade/Voog van pasiënt Ontvangsdame Dr. A Seris

.....
Datum van ondertekening

(Indien die pasiënt se gade of voog nie teenwoordig is by die ondertekening hiervan nie, moet die pasiënt aandring op 'n afskrif van hierdie ooreenkoms om dit so gou moontlik onder die aandag van die persoon verantwoordelik vir die rekening te bring.)

.....
Handtekening van pasiënt

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Notice with regards to co-payments of levies referring to services rendered:

Dear Patient

Due to medical funds that usually remunerate us at lower fees than the charged tariff, we do have an additional co-payment / levy on services rendered like consultations and procedures

These co-payments/levies are applicable to:

- Consultative services
- Procedures and operation done in theatre (under anaesthesia)
- Confinements (refer to it as maternity levy)
- Sometimes co-payments for sonar (ultrasound) where the medical fund does not remunerate or if they cover only a limited number of sonar scans.

Herewith we request you acknowledge receipt of this notice and that you undertake the responsibility to make sure that with each consultation at this practice you will ensure that you are well informed about your account and any outstanding moneys or co-payments on your bill.

Yours Sincerely

Dr. Anton Seris

Signature:

.....
 Patient Spouse/guardian Receptionist Dr. A Seris

.....
 Date of signature

(If the spouse/guardian of the patient is not present at the signing hereof, the patient should be given a copy of this agreement. The patient then undertakes to bring this to the notice of the person responsible for the account.)

.....
 Signature of patient