

# Dr. Gerrie Moolman

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## CONSENT TO THE FEES BEING CHARGED BY THIS PRACTICE.

I, the undersigned, do hereby –

- Acknowledge that I have been informed that this practice does not charge the rates that the Department of Health has unilaterally for doctors and which are known as the Reference Price List (RPL)
- Confirm that I am aware that this practice charges fees more than the RPL
- Confirm that I am aware that the RPL values for services are available from the Department of Health (tell: 012 338 9300) and [www.doh.gov.za](http://www.doh.gov.za)
- Accept that I am fully responsible for payment for services rendered and should I not pay temporarily, understand that I will be liable for Debt recovery on an attorney and own client scale.

DATE.....

NAME.....

SIGNATURE.....

Die praktyk maak  
gebruik van  
Discovery Classic  
tariewe, wat  
200% is.