

DR. GERRIE MOOLMAN

DR, NEUS EN KEELSPESIALIS /
EAR, NOSE AND THROAT SPECIALIST
MB.Ch B (Pret) MMED (ORL) (Pret)
PR NO: 3003728

PASIENT BESONDERHERE / PATIENT PARTICULARS

VOLLE NAME:	VAN:
FULL NAMES:	SURNAME:
GEBORTE DATUM / DATE OF BIRTH / ID NO:	
VERWYS DEUR / REFERRED BY:	
HUISDOKTER / GENERAL PRACTITIONER:	

PERSON VERANTWOORDELIK VIR REKENING / PERSON RESPONSIBLE FOR ACCOUNT

VAN / SURNAME:	TITEL / TITLE:	
VOLLE NAME / FULL NAMES:		
ID NOMMER / ID NUMBER:		
POS ADRES / PO BOX:	CODE:	
E-MAIL ADDRESS:		
WOONADRES:		
HOME ADDRESS:		
TEL NO (H):	TEL (W):	FAX:
SELFOON / CELLPHONE:		
AFRIKAANS / ENGLISH:		
WERKGEWER / EMPLOYER:		
WERKSADRES:		
WORK ADDRESS:		

MEDIESE FONDS / MEDICAL AID

NAAM / NAME:	<i>Option Kopsie:</i>
NOMMER / NUMBER:	<i>Dependant code!</i>
HOOFID / MAIN MEMBER:	

NAASTE FAMILIE . VRIEND (NIE DIESELFDE ADRES NIE)
NEAREST FAMILY / FRIEND (NOT THE SAME ADDRESS)

NAAM / NAME:
VERWANTSAP / RELATIONSHIP:
ADRES:
ADDRESS:
TEL NO:

Ek verleen toestemming dat inligting van my / my afhanklikes, soos yerval in my mediese reërs, aan die terapeut / dokter beskikbaar gestel mag word en dat die terapeut / dokter aan my huisdokter / verwysende persoon mag terugvoer gee oor die konsultasies. I hereby give consent that information regarding myself / dependant, as stated in the medical files, may be made available to the therapist / doctor and that the therapist / doctor may provide information regarding the consultations to my family doctor / referring person.

BELANGRIJK!

Ten spyte van u moontlike lidmaatskap aan 'n fonds, bly die rekening u verantwoordelikheid. Privaat pasiënte moet kontant betaal vir die konsultasie en die uitstaande balans is binne 30 dae betaalbaar. Onthou dat rekening ower as 3 maande nie deur u mediese fonds vereffen word nie en u persoonlik verantwoordelik gehou sal word. Indien rekeninge oortandig moet word ter invordering, sal die kostes op prokureur-klient opsporingskoste en invorderingskommisje van toepassing word. Afspake moet 24uur voor die tyd gekanselleer word anders sal u konsultasie fool gehou word.

IMPORTANT!!

Although you may have a medical aid, the account remains your responsibility until fully paid. Private patients pay cash with consultation and the outstanding balance is payable within 30 days. Remember that after 30 days, an account does no longer qualify for benefits and therefore you will be held responsible. In case of legal action you will be accountable for costs on attorney - clients scale, costs of location and collection fees commission. Appointments must be cancelled 24 hours in advance or the consultation fee will be charged.

Ek aanvaar bogenoemde inligting en my verantwoordelikheid daarteenoor. /

I accept the above mentioned conditions and responsibilities.

Geteken op / Signed on:

Handtekening / Signature:

turn over...