

PASIËNT SE INLIGTING / PATIENT INFORMATION

Van/Surname..... Volle name/Full names

Titel/Title..... ID.nr.....Afhanklikheids/Dep.Code:

Woonadres/Residential address

Posadres/Postal address.....Kode/Code.....

Tel. nr: Huis/HomeWerk/Work..... Cell No

Beroep/Occupation..... Werkgewer/Employer

Verwysende Dokter/Ref. Doctor Tel nr / Tel No

HOOFID VAN MEDIËSE FONDS INLIGTING/MAIN MEMBER OF MEDICAL AID INFORMATION

Van/Surname..... Volle name/Full names

Titel/Title..... Geboortedatum/Date of Birth..... ID

Woonadres/Residential address

Posadres / Postal addressKode/Code

E-pos adres/E-mail address

Tel. nr: Huis/HomeWerk/Work..... Cell No

Beroep/Occupation..... Werkgewer / Employer

Mediese Fonds/Medical Aid

Mediese Plan / Medical Plan..... Nommer / Number

Gap Cover : Ja Yes Nee No Cover Naam/Name

Verwantskap tot pasiënt / Relationship to patient

Naasbestaande / Next of kin (Nie by bogenoemde adresse woonagtig nie / Not residing at the above addresses)

Titel / Title..... Van / Surname..... Voorletters / Initials

Woonadres / Residential address

Tel nr / NoHuis / Home.....Werk / Business

DIE INLIGTING SOOS BO WEERGEGEE IS WAAR EN KORREK / THE INFORMATION AS ABOVE IS TRUE AND CORRECT

Vorm voltooi deur / Form completed by:

.....
Voorletters en van / Initials and surname Handtekening / Signature Datum / Datum

Dr Samuel André Peach

Voltooi die vraelys / Complete the questionnaire.

PR 2807122

PASIËNT MEDIESE GESKIEDENIS PATIENT MEDICAL HISTORY		SELF/YOURSELF		FAMILIE/FAMILY	
		JA/YES	NEE/NO	JA/YES	NEE/NO
High /Hoë cholesterol					
Longprobleme / Lung problems					
Psigiatriese probleme / Psychiatric problems					
Hoë Bloeddruk / High Blood Pressure					
Hartprobleme /Heart problems					
Diabetes/Diabetic					
Bloedklonte / Blood clots					
Pasaangeër / Pacemaker					
LENGTE: HEIGHT:		GEWIG: WEIGHT:			
VORIGE OPERASIES PREVIOUS OPERATIONS Beskryf / Specify					
KOMPLIKASIES TYDENS OPERASIE COMPLICATIONS WITH SURGERY					
DAAGLIKSE MEDIKASIE /DAILY MEDICATION					
MEDIKASIE ALLERGIEË MEDICATION ALLERGIES					
HIPERSENSITIWITEIT/HYPERSENSITIVITIES (✓)		SEEKOS / SEAFOOD		BYSTEEK / BEE STING	
Gebruik u tans bloedverduunners ? (✓) Are u currently using blood thinning medication?		WARFARIN	DISPRIN	ECOTRIN	PLAVIX
VROULIKE PASIËNTE / FEMALE PATIENTS (✓)		VOORBEHOEDPIL CONTRACEPTIVE		HORMOON VERVANGING HORMONE REPLACEMENT	
SOSIALE GESKIEDENIS : SOCIAL HISTORY:		DAAGLIKS /DAILY	WEEKLIKS/WEEKLY	SOSIAAL/SOCIAL	
Alkohol gebruik / Alcohol consumption		PER DAG / PER DAY		JARE/YEARS	
Rook u / Do you smoke					
WERKSOMSTANDIGHEDE: WORKING CONDITIONS:	PENSIONARIS PENSIONER	ADMINISTRATIEF ADMINISTRATIVE	HANDE ARBEIDER WORKER	ANDER OTHER	
SPORT & STOKPERDJIES: SPORT & HOBBIES:					

AANVAARDING VAN SKULDE VIR DIENSTE GELEWER
ACKNOWLEDGEMENT OF DEBT FOR SERVICES RENDERED

Ek, _____ (volle name en van), met ID nr. _____, aanvaar hiermee volle aanspreeklikheid vir alle fooie wat deur Dr. André Peach, of sy personeel gehef word vir dienste gelewer.

I, _____ (full names & surname), with ID nr. _____, hereby accept full liability for all charges in respect of services rendered by Dr. André Peach, or his staff.

1. Die konsultasie fooi beloop **R 1 000.00** en is onmiddellik betaalbaar (kontant of kaart fasiliteit) en is nie volgens Mediese Fonds Tariewe nie. Opvolg konsultasies sal van u Mediese Fonds geëis word. Vir enige chirurgie wat deur die dokter gedoen word, sal u 'n geskrewe kwotasie met die nodige kodes wat die mediese fonds nodig het, ontvang. **Die Standaard Tarief vir enige chirurgiese prosedure is die Discovery Klassieke Tarief (217%).** Indien u mediese fonds nie soortgelyke tariewe betaal nie, sal u voor die chirurgie moet onderhandel vir betaling van dienste gelewer. Indien enige onduidelikheid oor hoe u te werk moet gaan kan u met die administratiewe personeel of met die dokter persoonlik daaroor praat.

*A consultation fee of **R 1000.00** will be payable immediately (cash or card facility) and is not according to the prescribed Medical Tariffs. Fees for subsequent consultations will be claimed from your Medical Aid For any proposed surgery by the doctor, you will receive a written quotation with the necessary codes needed by the medical aid. **The Standard Rate for any surgical procedure is the Discovery Classic Rate (217%).** If your medical aid does not pay similar rates, you will have to negotiate for the services rendered before the surgery. If you have any doubts about how to proceed, you can talk to the administrative staff or the doctor personally about this.*

2. Ek aanvaar persoonlike verantwoordelikheid vir alle bedrae betaalbaar ten opsigte van konsultasies, chirurgie, behandeling en voorraad gebruik, niesteenstaande die feit dat die pasiënt 'n lid van 'n Mediese Skema is en/of geregtig sal wees op vergoeding. Die feit dat die praktyk 'n rekening mag indien by die pasiënt se Mediese Skema, Ongevallekommissaris of Versekeraars, sal geen invloed hê op my persoonlike verantwoordelikheid ten opsigte van vereffening van die rekening nie.

I undertake personal liability for all amounts payable in respect of consultations, surgery, treatment and materials used, not with standing the fact that the patient may be a member of a Medical Scheme and/or be entitled to compensation. The fact that the practice may submit an account to the patient's Medical Aid, Compensation Commissioner or an Insurer, will not in any way relieve me of my liability as aforesaid.

3. In die geval dat regsaksie teen my ingestel word, aanvaar ek volle aanspreeklikheid vir alle regskoste op prokureur en kliënt skaal, sowel as rente teen die geldende moratore rentekoers op daardie tydstip, opsporings kostes en invorderingskommissie.

In the event that legal proceedings are instituted against me, I accept full liability for all legal costs on attorney and client scale, as well as interest on the then current mora interest rate, tracing fees and collection commission

4. In die geval dat regsaksie teen my ingestel word, stem ek toe tot die jurisdiksie van die Landdroshof kragtens artikel 45 van die Wet op Landdroshowe 32 van 1944 (soos gewysig), desniesteenstaande die feit dat die uitstaande bedrag moontlik die monetêre jurisdiksie van die landdroshof oorskry nie.

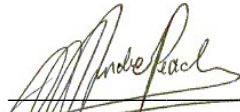
In the event that legal proceedings are instituted against me., I consent to the jurisdiction of the Magistrates 'Court in terms of section 45 of the Magistrates 'Court Act 32 of 1944 (as amended), irrespective of whether the outstanding amount may exceed the monetary jurisdiction of the Magistrates 'Court.

5. Ek bevestig dat ek die bepalinge soos vervat in hierdie ooreenkoms verstaan en aanvaar.
I confirm that I understand and consent to the terms and conditions as set out in this agreement.

Geteken te **PRETORIA** op hierdie _____ dag van _____ 2022

Signed at **PRETORIA** on this _____ day of _____ 2022

PASIËNT/ PATIENT


DR. S. A. PEACH