

APPLICATION FOR SERVICES

PARTY LIABLE FOR ACCOUNT		
<u>Initial+Surname</u>		<u>ID nr:</u>
	<u>Address</u>	
	<u>Occupation</u>	
	<u>Employer</u>	
<u>Tel (h)</u>		<u>Tel (w)</u>
<u>E-mail</u>		<u>Cell</u>
<u>Receive account via e-mail</u> YES or NO		<u>Relationship</u>
PATIENT DETAILS		
<u>Surname</u>	<u>Title</u>	
<u>Name</u>	<u>Occupation</u>	
<u>Date of Birth</u>	<u>ID nr</u>	
<u>Address</u>		
<u>Postal Address</u>		
<u>Tel (h)</u>	<u>Tel (w)</u>	
<u>E-mail</u>	<u>Cell</u>	
<u>Referred by</u>	<u>GP</u>	
MEDICAL AID DETAILS		
<u>Medical Aid</u>	<u>Main Member</u>	
<u>Number:</u>	<u>Dependant code</u>	

Please note:

1. Our services are subject to our standard terms and conditions, a copy of which have been made available to you.
2. **Surety:** In the event of a person other than the patient designated as responsible person for payment of the account, the signatory, notwithstanding his or her relation to the patient, hereby accepts liability as the principal debtor and by bind himself/herself as co-debtor jointly and severally with the patient, alternatively the person designated as the responsible person, for payment of the account.
3. **In case of any uncertainties, please ask advice from the administrative personnel.**
4. This practice does not submit accounts to the Medical Aids. The Main Member's details are loaded as it is a requirement of the Medical Aid in case you want to claim from it.

Signed on _____ / _____ / 20_____

Patient or Guardian / Authorised Person

**STANDARD TERMS AND CONDITIONS OF MARTIN, BRUWER, WEGE AND PARTNERS
PHYSIOTHERAPISTS Inc. ("MBW")**

1. The services provided by MBW is subject to the standard terms and conditions referred to herein and in addition the provisions of the Consumer Protection Act, Act 68 of 2008.
2. The signatory hereof confirms the correctness of the information disclosed in relation to the patient and choose the address provided in relation to the patient as his/her domicilium citandi et executandi for all future correspondence, communication and process.
3. In the event that the patient fails to cancel an appointment 2 hours before the time of such appointment the patient and/or signatory hereof will be liable for the full consultation fee.
4. The signatory hereof accepts and assumes liability for the full and final payment of the services provided by MBW. This is and always will remain the legal responsibility of the patient, or his parents, or legal guardian in case of a minor (<18 years). The patient is contractually bound by the law to settle his account and NOT THE MEDICAL AID or insurance covering such claim.
5. Please note: this practice is using the South African Society of Physiotherapy's billing structure and it might differ from your Medical Aid's tariffs.
6. All first treatments are payable immediately.
7. All accounts are due and payable within 30 days after the date on which services were rendered, alternatively the date on which the account is presented, whichever occurs first. Interest at 15,5% per year monthly compounded, will be charged, calculated from the date that the accounts were due and payable until the date of settlement in full. If you have not received an account after 30 days of treatment, please contact the accounts department of MBW (021-976 1292).
8. A Discount of 15% will be granted on all accounts that are settled on the day of treatment or at the end of a series of treatments.
9. The parties consent to the jurisdiction of the magistrate's court in relation to any proceedings arising from services provided by MBW.
10. In the event that MBW must utilise legal proceedings in order to recover amounts due and payable in relation to arrear accounts, the party in default would be liable to pay all the legal costs incurred by MBW on a scale of attorney and client inclusive of, but not limited to collection fees, commission, tracing fees, disbursements and legal fees.
11. Surety: See nr 2 on front page.
12. No variation of the terms and conditions would be valid and binding, of any legal force or effect, unless it has been recorded in writing, whether electronic or otherwise, and expressly accepted by both parties.
13. No indulgence granted by MBW in relation to the enforcements of its rights in terms hereof would be regarded as a waiver of any of its rights and entitlement herein.

CONSENT:

1. The patient or the person designated for payment of the account hereby authorise MBW to collect, share and exchange credit information concerning their personal data with any credit bureau or financial institution, in accordance with the provisions of the National Credit Act, Act 34 of 2005.
2. The patient authorise MBW to disclose personal medical information in relation to diagnostic codes and clinical information insofar as same may be necessary for future medical treatment or functional during the debt collecting or other legal process.
3. All personal and medical information will be treated with confidentiality and stored safely.
4. I declare that I will follow all the advice, precautions and exercises discussed. If not, I will release MBW from any legal liability.

Signed on _____

Patient or Guardian / Authorised Person