

APPLICATION FOR SERVICES

FILE NO: _____

PATIENT DETAILS		
<u>Surname</u>	<u>Title</u>	<u>Gender</u>
<u>Full name(s)</u>	<u>Date of Birth</u>	<u>ID nr</u>
<u>Residential Address</u>		
<u>Postal Address</u>		
<u>Tel (h)</u>	<u>Tel (w)</u>	<u>Cell</u>
<u>E-mail</u>	I hereby accept that email [Y / N] and/or SMS [Y / N] messages may be sent to confirm appointments & convey general information of the practice	
<u>Referred by</u>	<u>GP</u>	
PATIENT EMPLOYMENT		
<u>Occupation</u>	<u>Employer</u>	
<u>Employer contact details</u>	We will only contact your employer if we are unable to reach you for account purposes. Healthcare information will only be provided to a specific person nominated by you at your employer, with your written consent.	
PARTY LIABLE FOR ACCOUNT		
<u>Initial & Surname</u>	<u>Date of Birth</u>	<u>ID nr:</u>
<u>Postal Address</u>		
<u>Tel (h)</u>	<u>Tel (w)</u>	<u>Cell</u>
<u>E-mail</u>	<u>Receive account via e-mail</u>	<u>YES</u> or <u>NO</u>
<u>Relationship</u>	<u>Occupation</u>	
<u>Employer</u>	<u>Employer contact details</u>	
MEDICAL AID DETAILS		
Please note: All adults (>18) are responsible for their own accounts, even if they are dependents on someone else's scheme		
<u>Medical Aid</u>	<u>Main Member</u>	
<u>Number:</u>	<u>ID No of Main Member:</u>	
<u>Patient Submit to Medical Aid:</u>	<u>YES</u> or <u>NO</u>	If you decide to change your decision regarding submission, you are obligated to inform the practice immediately.
ADDITIONAL CONTACT INFORMATION (Friend or Family Member)		
<u>Name</u>	<u>Surname</u>	
<u>Cell</u>	<u>E-mail</u>	

Please note: By signing this form, you acknowledge that you have understood and agree to the following:

- Our services are subject to our standard terms and conditions, a copy of which has been made available to you.
- Surety:** Should a person, other than the patient, be designated as the person responsible for payment of the account, the signatory, notwithstanding their relation to the patient or the designated person responsible for the account, hereby accepts liability as the principal debtor and binds themselves as co-debtor jointly and severally with the patient, or alternatively, with the designated person responsible for the account.
- In the case of any uncertainties, please seek advice from the administrative personnel.** If not, MBW will assume that you have understood and agree with any processes, consents, policies and/or forms.
- This practice does not submit accounts to medical schemes. Should you wish to submit to your medical scheme, in your private capacity, the main member's details will need to be provided.
- Please note:** If this is a follow up treatment from hospital, you will have two accounts with MBW (Hospital and Practice separate)

Signed on ____ / ____ / 20____

Patient or Guardian / Authorised Person

**STANDARD TERMS AND CONDITIONS OF MARTIN, BRUWER, WEGE AND PARTNERS
PHYSIOTHERAPISTS Inc. ("MBW") AGREED TO BY THE PATIENTS / PARENTS / GUARDIANS**

1. The services provided by MBW are subject to the standard terms and conditions referred to herein and, in addition to, the provisions of the Consumer Protection Act, Act 68 of 2008.
2. The signatory confirms the accuracy of the information disclosed in relation to the patient and chooses the address provided in relation to the patient as their domicilium citandi et executandi for all future correspondence, communication and process.
3. In the event of the patient failing to cancel an appointment 2 hours prior to the scheduled time, MBW reserves the right to charge the patient, and/or signatory hereof, the full consultation fee as a cancellation fee. It must be understood that a different patient could not be accommodated as the allocated slot was reserved. This amount cannot be charged to your medical scheme.
4. We do not accept communication via WhatsApp / SMS / or any social media platforms. If you need urgent assistance or advice, please call 083-4242 909.
5. The signatory hereof accepts and assumes liability for the full and final payment of the services rendered by MBW. This is, and will always remain, the legal responsibility of the patient, or his/her parents, or legal guardian in case of a minor (<18 years), even where the Children's Act allows the child to provide consent to treatment without parental consent (12 to 18-year old's). The patient/parent/guardian is contractually bound, by law, to settle the account and NOT THE MEDICAL SCHEME or insurance available to cover such a claim.
6. Please note: The practice coding structure is based on that of your medical scheme. It may however differ from the tariffs and benefits of your medical scheme. The coding pertaining to essential continuation of care, in an after-hour situation, may not be covered.
7. All first treatments are payable immediately.
8. All accounts are due and payable within 30 days after the date on which services were rendered or, alternatively, the date on which the account is presented - whichever occurs first. Interest at prime +2% per year, compounded monthly, will be charged, calculated from the date that the account was due and payable until the date of full settlement. If you have not received an account within the 30 days following treatment, please contact the MBW accounts department (021-976 1292).
9. 15% discount will be granted on all accounts that are settled on the day of, or within 30 days of treatment/s.
10. The parties' consent to the jurisdiction of the magistrate's court in relation to any proceedings arising from services provided by MBW.
11. 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.
12. Surety: See nr 2 on front page.
13. MBW aims to ensure that all complaints and concerns are addressed appropriately and expeditiously. To pursue a complaint, please raise the concern verbally as and when the matter arises. Alternatively, please request a complaint form from reception or complete the complaints form available on our website (www.mbwphysios.co.za).
14. We can only release/share information with the patient's written consent, even if requested by a family member. This applies to all persons 12 years and older.
15. In the interest of health and hygiene, we may refuse to refund or accept the return of certain equipment.
16. 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.
17. 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 designated person responsible for payment of the account hereby authorises 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 authorises MBW to disclose personal medical information with regards to diagnostic codes and clinical information insofar as it may be necessary for future medical treatment or functional during the debt collecting or other legal process. The law compels us to disclose your personal information in the following situations:
 - To your medical scheme: a diagnostic code and details of the treatment
 - To the Compensation Commission / Road Accident Fund: full claims information
 - To other healthcare professionals: Information that is in your best interest in terms of the National Health Act
3. All personal and medical information will be treated with confidentiality and stored safely.
4. I confirm that I understand that treatment results cannot always be guaranteed in the field of healthcare and that results will also depend on my body's reaction to the treatment received and whether advice and instructions (exercises, lifestyle modifications etc.) were followed. I declare that I will follow all the advice, precautions and exercises discussed. If not, I will release MBW physiotherapists from any legal liability.
5. I declare that I and/or my family or other persons that come to the practice should not harass the healthcare professionals and staff. They must be treated with respect. In such an event, MBW are permitted, by law (National Health Act, 2003), to refuse to treat or to continue to treat you or your family. MBW will then refer you to another practice.

Signed on ____ / ____ / 20____

Patient or Guardian / Authorised Person