

Doctor - Patient Contract

This serves as a binding contract between Dr Hester S van der Walt, a Specialist Paediatrician, and you, the undersigned patient or the parent/guardian or guarantor of the patient where the patient is 18 years or younger.

Consent for Medical Services

By reading and signing this document you provide your informed consent for any medical investigation, treatment or procedure to be performed by the doctor. You are entitled to withdraw your informed consent at any stage or to refuse such medical care, such withdrawal will be entirely at your risk.

Patients on Medical Aid Schemes (MAS)

This practice is 'contracted-in'. This means MAS rates are applicable and that claims are submitted on your behalf to your MAS.

It remains your primary responsibility to familiarise yourself with the terms and conditions of your MAS. It is important that you know your benefit status with regards to what health cover you have, referral restrictions, your savings account balance, registration processes (especially of new born babies), waiting periods and pre-authorisation requirements for specialist services like those being rendered by Dr Van der Walt.

It is of the utmost importance that you are aware which specialist services you are entitled to under your MAS, which authorisation procedure you must follow and if you have cover for these services as Dr Van der Walt is a Specialist.

You are liable for fees claimed from your MAS which are not settled by them and legal procedures will be instated to recover all such fees, be it for in- or out of hospital treatment.

Where you are not covered by your MAS for services rendered by Dr Van der Walt, fees will have to be settled in cash.

Settlement of Accounts

You consent to settlement of all fees due to Dr Van der Walt regarding treatment or procedures provided or other reasonable expenses incurred by her regarding treatment of the patient.

If you are not covered by a Medical Aid Scheme or if the funds of your Medical Aid Scheme are depleted or if your Medical Aid Scheme does not cover treatment by Dr Van der Walt, you must settle your account before leaving the consulting room. In case this is not possible the necessary arrangements must be made.

Confidentiality

All information handled by this practice will be regarded as strictly confidential by Dr Van der Walt and her staff. The signatory takes note that it is necessary for communication with the MAS and other medical disciplines to provide the internationally accepted ICD-10 diagnostic codes for applicable diagnosis. The signatory herewith also gives permission that information concerning the patient relevant to treatment may be exchanged with necessary health care providers or other involved individuals.

According to the Child Care Act, 38 of 2005 (39(4)b), a person of 14 years and older may independently consent to medical treatment.

Sick Certificates

Sick certificates will only be provided after consultation and if the situation warrants such. The diagnosis will have to be stated on the document!

Immunisations

This practice will provide immunisations at no cost as part of a normal consultation.

The provision of vaccine (entstof) is the responsibility of the patient.

Personal Information

It remains the responsibility of the signatory to inform and update all personal and medical information with this practice, which includes your contact detail and any changes regarding MAS membership.

Independence of this Practice

This practice will not allow a MAS to violate the Specialist's professional

and clinical independence. What this means is that in the case a Medical Aid Scheme should dispute the necessity of treatment your doctor may relinquish all responsibility and may ask you to undertake and to hold your Medical Aid Scheme and its advisors responsible for any complications resulting from such actions. Any such interference from a 3rd party will not in any way exonerate you from liabilities regarding the account.

Pre-authorisation

If pre-authorisation is a pre-requisite for consultation or treatment by Dr Van der Walt it remains your responsibility to furnish this practice timely with this information. Where your Medical Aid Scheme queries the appropriateness of the treatment, Dr Van der Walt may submit motivation for such treatment.

Fraudulent use of Medical Aid Card

The use of somebody else's medical aid card or an expired card is fraud and a criminal offense!

The right of access to these premises is reserved!

Conduct unbecoming a professional environment, notwithstanding the child-oriented nature of this practice, will not be tolerated!

I HEREWITH CONSENT TO ANY NECESSARY INFORMATION REGARDING MYSELF OR THE PATIENT BEING MADE PUBLIC FOR PURPOSES OF DEBT COLLECTION

I hereby acknowledge that I have read and understand all of the above and that all information submitted by me, be it oral or documentary or by non-verbal consent in connection with the above and the patient is true and correct.

By signing I acknowledge that I am legally bound by this contract.

Name of guardian, parent or guarantor of the patient

Signature

RSA ID number or Passport number

Patient's full names and date of birth:

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