



PATIENT

SURNAME	TITLE	AGE
FIRST NAME	GENDER	M <input type="checkbox"/> F <input type="checkbox"/>
MARITAL STATUS	HOME LANGUAGE	
ID NR or BIRTH DATE	TELEPHONE	
EMAIL	CELLPHONE	
PHYSICAL ADDRESS	POSTAL CODE	
POSTAL ADDRESS	POSTAL CODE	

ACCOMPANYING FAMILY MEMBER | If applicable.

NAME & RELATIONSHIP	TELEPHONE
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DOCTORS

REFERRING DR NAME	TELEPHONE
GP NAME	TELEPHONE

PREVIOUS OPERATIONS | Ear, nose and throat related.

	DATE
	DATE

PRESENT MEDICATION

MEDICAL AID NAME

MEDICAL AID NUMBER	PLAN
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MAIN MEMBER OF MEDICAL AID

Please note that all adults are responsible for their own accounts, even if they are dependents on someone else's scheme

SURNAME	TITLE
FIRST NAME	OCCUPATION
ID NUMBER	TELEPHONE
EMAIL	CELLPHONE
PHYSICAL ADDRESS	POSTAL CODE
POSTAL ADDRESS	POSTAL CODE
EMPLOYER NAME	TELEPHONE
EMPLOYER PHYSICAL ADDRESS	POSTAL CODE

RELATIONSHIP TO PATIENT

FRIEND OR FAMILY MEMBER | Not same as address above. For communication purposes should we be unable to contact you.

SURNAME	FIRST NAME
TELEPHONE	CELLPHONE
RELATIONSHIP TO PATIENT	

Welcome to our practice!

Due to the Consumer Protection Act and the ethical rules binding us, we advise that you read this summary of the basic rules and requirements associated with this practice.

This document explains the general conditions under which this practice sees patients and serves as a binding contract between you, the patient or guardian/parent, and Tanya Hanekom Audiologists (Sandton Hearing & Balance). Please feel free to ask if you are unsure about what something means, or what the implications are.

Please find attached the following documentation:

- Our fee schedule of our most generally charged codes. When agreeing to healthcare services, it carries a certain value to which you would have to agree. This is called "informed billing consent".
- Information about the treatment and/or procedures you require. In some cases, you may get further material to read. You have to agree to the treatment and/or procedure before we can commence. We call this "informed consent". You have the right to know what your treatment options are, as well as the risks, benefits and costs of each. In healthcare there are many aspects that impact on outcomes and there are always risks.

If you have any, please provide us with previous audiological test results, previous laboratory or scan test results, and details of the referring doctor or healthcare practitioner and any reports s/he might have written. You are always welcome to ask us for clarity, more information and/or for explanations. It is your duty to indicate to us if you are uncertain, or if you did not understand anything. We are happy to assist!

Tanya Hanekom Audiologists and staff at Sandton Hearing & Balance.

BILLING POLICY AND PAYMENT AGREEMENT OF TANYA HANEKOM AUDIOLOGISTS AT SANDTON HEARING & BALANCE

This practice charges the fees it regards as appropriate in terms of the experience, services and training of the professionals working in the practice, as well as the costbase of the practice. Competition law dictates that practices may not agree to charge the same or similar fees. A general fee schedule of the most common codes we charge is available from reception. Fees are increased in January on an annual basis and patients will be notified of this upon your subsequent visit to the practice.

The practice will provide patients with a price of goods and/or services, and where it is unable to do so, it will provide a cost estimate to the patient. It should be noted that healthcare is not an exact numerical science, and the duration of services cannot always be exactly estimated. Our fees cover your practice visit (i.e. the consultation) and any equipment and procedures used in the consultation. Should you require a formal report for the referring doctor, school, workplace, etc. this will be charged accordingly, according to the fees schedule.

If we refer you to other doctors or healthcare professionals, they will charge their own fees in addition to the fees of this practice if they also render healthcare services to you.

We required payment upfront, thereafter you may claim from your medical aid should you wish to do so. Therefore we treat private and medical aid patients by the same terms.

We do not contract to any medical schemes, and are not obliged to charge at the levels specified by the medical schemes. This would mean that you are required to pay the difference. There are certain codes (basic equipment code 1340, consumables code 0301, assistant audiologist code 1017) which are not recognised by medical aid schemes and will not be covered in any portion by your medical aid. Consumables include insert foam tips, electrodes, hearing aid batteries, domes, tubes, replacement receiver units, hearing aid remote controls, FM systems and other assistive listening devices.

In certain cases, the practice may submit to your medical aid. It is important to note that the relationship is always between Tanya Hanekom Audiologists (Sandton Hearing & Balance) and you, the patient, and the role of the medical aid is simply to act in the capacity of a third party payer on your behalf. This agreement indicates your consent to us submitting the account to your medical scheme. This does not mean that the scheme has received the account or that they accept liability for the account. If you do not want any particular account to be submitted to your medical scheme, please let us know before you leave the practice, otherwise the provisions allow that we will submit to the scheme. You also confirm that the person indicated on the practice form as belonging to the scheme as principal member or dependent, is indeed a member with a valid membership at the date of visiting the practice. Staff members employed by Tanya Hanekom Audiologists (Sandton Hearing & Balance), may liaise with your medical aid, within reason, to ensure availability of funds, payment follow up etc. Your medical scheme may require pre-authorisation and/or a motivation prior to the purchase of hearing instruments.

The onus is on you to determine if pre-authorisation is required, and the benefits available, as well as the implications on your medical savings. Pre-authorisation or scheme approval is, according to schemes, no guarantee of payment, as the status of accounts can change prior to claims received by the medical aid. You, if you are an adult, remain fully liable to settle the full account, irrespective of whether your scheme gave pre-authorisation or not. This also applies if you are a dependent on someone else's medical scheme. In some cases medical schemes will only pay a portion of the costs involved.

The terms and tariffs applicable to medical scheme patients vary from scheme to scheme, and even from option to option. You have to obtain those details from your scheme. Should you feel aggrieved by the decisions of your medical scheme, you can approach the Council for Medical Schemes at: complaints@medicalschemes.com. Note that the CMS would want patients to exhaust internal remedies (appeals in the scheme) first. If you feel that terms and conditions of the scheme are unfair or benefits were not communicated clearly, you can complain at the National Consumer Commission at fax: 086 151 5229.

All accounts must be settled within 30 calendar days of the date on the account. If you have not received an account from us within 30 days, please let the practice know immediately. Please note that as we are unable to verify agreement between parents / caregivers, the adult who brought the child for healthcare will be liable for the account. Should you (the patient, if you are an adult, or the parent of a child-patient) not pay your account within 30 calendar days, we will give you notice of 30 calendar days, thereafter we will refer your account to a debt collecting agency. You will also be responsible for all costs relating to the debt collecting, such as commissions and fees levied by the debt collector or attorney. We reserve the right to charge interest of 2% per month on overdue accounts, as allowed by the National Credit Act. This may result in you having a bad credit record.

Please ensure that we always have your latest contact details to prevent you from missing any important communication from us. We may contact the person(s) indicated on your personal information form if we cannot get hold of you and your account remains unpaid. Patients are encouraged to approach us early on if they experience problems with the payment of the account. In deserving cases, we may reduce our fees to accommodate such patients. This practice endeavours to assist with pro bono or reduced fees if required. Please discuss this with the audiologist concerned.

CONFIDENTIALITY AND PROTECTION OF PRIVATE INFORMATION

Tanya Hanekom Audiologists (Sandton Hearing & Balance) is obligated to protect personal information of patients, legally and ethically, at all times. This document constitutes a contractual agreement by the practice to protect all personal information and hold it in confidence to the extent required by law. No personal information will be disseminated to any third party without your expressed informed consent. Once your personal information is passed on to a third party by Tanya Hanekom Audiologists (Sandton Hearing & Balance) with your consent, whether on the basis of a referral to another practitioner, report provided to the referring professional, or for the purposes of a medical aid claim,

the information thereafter falls outside the control of Tanya Hanekom Audiologists (Sandton Hearing & Balance). The capture and storage of your personal information by Tanya Hanekom Audiologists (Sandton Hearing & Balance) is necessary to ensure an updated and complete medical record related to your medical history in order for accurate diagnoses to be made with the appropriate treatment and/or corrective measures at any time, either by Tanya Hanekom Audiologists (Sandton Hearing & Balance) or another practitioner, where and if applicable. We will use your information only in relation to your healthcare. Your contact details are only for the purposes of the practice record otherwise stated with your consent. The patient record remains the property Tanya Hanekom Audiologists (Sandton Hearing & Balance) and which is legally required to be retained by the practice for periods as stipulated by existing legislation. Patients are entitled to obtain details contained within such records, if so requested. We can only release information with your written consent, even if a family member requests the information. Please provide us with that consent if you want us to be able to disclose certain information to a specified family member. The following special cases exist where the law compels us to disclose your personal information and by agreeing to our services, you acknowledge this legal duty that we have to disclose:

- To your medical scheme: a diagnostic code and details of the treatment and/or operation, so that the scheme can evaluate whether it falls within your benefits. In accordance with the ICD-10 legislation introduced by the Department of Health and as stated in the Medical Schemes Act, Tanya Hanekom Audiologists (Sandton Hearing & Balance) is obligated to disclose diagnoses to medical schemes with each claim in the form of a diagnosis code. Some medical schemes provide all information on all the dependents on a scheme to the principal (main) member. We do not accept liability for any personal information that is disclosed as a result and you should direct queries on this to the medical scheme you belong to.
- To the Compensation Commission or the Road Accident Fund, if you want to claim from them in cases of work-related illness or injury, or in the case of a motor-vehicle accident, all details they require of us.
- To referring healthcare professionals others involved in your care: Information that is necessary and in your best interest will be shared with such healthcare professionals in terms of the National Health Act.

Patient can give permission and agree that:

- Another person (such as their parent, a spouse, etc.) sit in at the consultation / procedure. Such a person would then hear and/or see information that would otherwise remain confidential between the patient and healthcare practitioner.
- Another person or entity can get a copy of specific health records (e.g. a copy of the patient's file, a medical report, a copy of a sick certificate, etc.), etc.
- The employer be informed of specific aspects, e.g. the nature of the patient's illness, how long s/he would be away and why, etc. Patients take sole responsibility for any consequence that may flow from a disclosure to an employer.
- An insurance company, which require the completion of form, and/or the drafting of a report.
- A medico-legal report, a report constituting a second opinion, a report to an attorney, etc.
- Hearing aid supplier companies are provided with your name, age and audiogram.

LIABILITY AND THE PURPOSE AND NATURE OF HEALTHCARE

You confirm that you understand that in healthcare results cannot be guaranteed. Results also depend on how one's body reacts to the procedures and treatment.

You confirm that you understand that your own behaviour or that of a child or dependent may affect the outcome of the healthcare received. You agree to follow the instructions provided to you by the healthcare

professionals and/or come for follow-ups, etc. If you do not do this, you undertake to not hold the Practice and its staff liable for any negative consequence.

ON TIME OF PERFORMANCE OF SERVICE

Although we will do our best to render the services at the time we set, sometimes a previous patient may require a longer time or an emergency has to get preferences. In healthcare practices we are under a legal / ethical duty to help the most urgent cases first. By agreeing to our services, you agree to this uncertainty. We will, if possible, inform you if we run late. Please be patient if such circumstances arise.

CHILDREN AND HEALTHCARE

You confirm that you understand that, as a parent or legal guardian, you are legally liable to cover the cost of your child's healthcare, even if the Children's Act allows the child to provide consent to treatment without your consent (children 12 - 18 years who understand the implications of the treatment).

FOR PERSONS ACCOMPANYING A MINOR BUT NOT THE NATURAL PARENT OR LEGAL GUARDIAN

You hereby confirm that you are a major and duly authorised to accompany the minor patient by the minor's parent or legal guardian.

PATIENT / CLIENT / CONSUMER DUTIES (NATIONAL HEALTH ACT, 2003)

You must adhere to the rules of the practice and any instructions given to you by staff or healthcare professionals. You have the right to ask questions and to have them answered. If you do not ask any questions, we will assume that you have understood and accept everything. You and/or your family or other persons that come to the practice should not harass the healthcare professionals and staff. They must be treated with respect. If not, we are allowed by law to refuse to treat- or to continue to treat you or your children. In such cases we will refer you to another practice.

This contract is entered into between Tanya Hanekom Audiologists (Sandton Hearing & Balance) and you, the patient or guardian/parent of the patient, and not any other third party, confirming that you understood and agrees to the above terms and conditions. Furthermore, you hereby declare that all the personal information provided is true and accurate. By signing this form, you acknowledge that you have understood and agreed to the following:

1. That you have read the terms and conditions and have had an opportunity to ask questions on aspects thereof that you were not certain about.
2. To abide by the terms and conditions of the practice, in particular the provisions on the payments of accounts.
3. To always ask, even after you have left the practice, if you were uncertain about something. You can ask practice staff or the health care professional. If you keep quiet, we will assume that you have understood everything and were in agreement with any processes, consents, policies or forms.

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE

Signature _____

Signed at _____

On this the _____ day of _____ 20 _____

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VAT number: 4530252685