

Dr Franelise Hofmeyr - Obstetrician and Gynaecologist

New patient registration

vs.

Change of details

Patient details

Date: _____

Surname:

First Name:

Title:

Date of Birth:

Nationality:

Occupation:

ID/Passport Nu:

Home language:

Marital Status:

Correspondence address:

Preferred Contact number:

Email:

Tel (H):

Tel (W):

Cell:

Person responsible for account, if not the patient (Please see practice terms and conditions)

Surname:

First Name:

Title:

Date of Birth:

ID:

Postal address:

Tel (H):

Tel (W):

Cell:

Email:

Are you currently under debt review and/or under Administration Order issued by a competent court for the management of your debts?

Yes

No

Medical Aid details

Medical Aid:

Plan/Option:

Number:

Main Member:

Tel for Authorisation:

Main Member ID:

Next of kin / In case of emergency contact (Partner/Parent/Sibling/Friend)

Name and Surname:

Relationship to patient:

Tel (H)

Tel (W):

Cell:

Address:

Referring practitioner (if applicable):

Name:

Speciality:

Practice name/address:

Tel:

Email:

I, the undersigned, hereby declare that all the above information is accurate to the best of my knowledge and I accept all terms and conditions as specified on the back of this page. I have been granted opportunity to discuss any questions or concerns, and information has been provided/explained to me in a language I am comfortable with. I undertake to notify the practice immediately, in writing, should any relevant personal or medical information change.

Name: _____ Signature: _____ Date: _____



Dr Franelise Hofmeyr
OBSTETRICIAN AND GYNAECOLOGIST
MBChB, Dip.Obst(SA), MMed(O&G), FCOG(SA)

Patient Declaration & Practice Terms and Conditions

I, the undersigned, hereby acknowledge and accept the following practice regulations:

- 1** I am consulting Dr Hofmeyr as a personal decision, and not because of coercion or instruction by any other party. **I therefore agree to comply with the stipulated and communicated practice policies in regards to billing, administration and clinical service delivery.**
- 2** I declare myself responsible for fees incurred by this consultation as well as any additional fees brought about by further tests/investigations (such as a Papsmear) or treatment such as hospital admissions or procedures by Dr Hofmeyr or any of her locum associates acting on her behalf.
- 3** I acknowledge that my medical aid membership/insurance is a personal agreement between the scheme and myself and irrespective of this agreement, I remain responsible for full settlement of the account. If there is any delay/dispute regarding payment, I will settle the account personally within 30 days of services rendered.
- 4** If I am a **dependant on my medical aid**, I personally take responsibility to inform the main member of this agreement with Dr F Hofmeyr Inc as well as my utilisation of Dr Hofmeyr's services and I understand that practice communication might at times be directed towards the main member by the practice or billing bureau. I still accept full financial responsibility for settlement of fees incurred by consultation and dealings with Dr F Hofmeyr Inc irrespective of my dependency status.
- 5** 2 % interest will be charged on all overdue accounts per month and legal steps may be taken with additional costs incurred to be added to my bill. Overdue accounts are managed through a debt collection company and relevant personal information will be handed over accordingly.
- 6** I am aware that this practice (and all affiliates) charges above medical aid rates and specific pricing can be provided on enquiry from the administration desk through formal quotation.
- 7** Dr Hofmeyr will not consult via whatsapp/sms. All non-urgent clinical queries may be directed to the practice via email which will be billed accordingly and answered when possible.
- 8** Dr Hofmeyr reserves the right to bill private rates for all physical, email or telephonic consultations, as well as missed appointments, motivation letters and repeat scripts. Fees available upon enquiry.
- 9** This practice makes use of locum doctors (including male partners) for after-hours services as per the discretion of Dr F Hofmeyr which includes obstetric services, deliveries and emergencies.
- 10** Appointments not kept, will be charged unless cancelled more than 24 hours in advance.
- 11** All consultations and dealings with Dr F Hofmeyr (in rooms/in hospital/telephonic) will be subject to audio recording as part of the practice's electronic record keeping. Copies will be stored securely as with the rest of our patients' personal information and records.
- 12** I hereby give consent to the discreet disclosure of my personal and medical information as needed to my Medical aid/insurer, as well as affiliated practice and hospital staff, mostly through the use of ICD10 and procedure codes and I give consent to audio, electronic and physical record keeping of all procedures, consultations and dealings with Dr F Hofmeyr Inc for up to 21 years.
- 13** Annual fee increases will occur for all consultations, deliveries and procedures on 1 January unless otherwise specified by the practice. These cost-increases will apply to all patients (new and existing) unless a formal quotation/exemption has been provided in writing by Dr F Hofmeyr.
- 14** This practice fully supports the client's right to transparency as well as compensation where due in event of a negative incident/adverse outcome occurring irrespective of whether it was because of perceived malicious intent, negligence, omission, bad practice, human error or a chance event.
In accordance with SASOG and this practice's dispute resolution protocol, I commit to partake in a formal pre-mediation introduction with the relevant parties prior to pursuing any litigation.
- 15** In case of a complaint or dispute arising regarding the services provided by either Dr F Hofmeyr, her staff or locum associates, I commit to inform Dr Hofmeyr of my concerns as soon as possible in order to allow exploration of appropriate dispute resolution strategies.

Signed at Chris Barnard Memorial Chambers (Cape Town)

Date: _____

Printed name

Signature