



**DERMATOLOGY TREATMENT
+ PHOTOTHERAPY CLINIC**

1st Floor, Century Medical Suites, 4 Park Lane, Central Park, Century City, 7441

Tel. no.: (021) 250 0211

Email: info@capedermatologyclinic.com

Web: www.capedermatologyclinic.com

PATIENT REGISTRATION FORM

PATIENT INFORMATION:

Title: ___ Name: _____ Surname: _____

ID Number: _____ Date of Birth: _____ (dd/mm/yy)

Home Address: _____

_____ Postal Code: _____

Tel: (Home) _____ (Work) _____

Cell number: _____ Email: _____

Employer: _____ Occupation: _____

MEDICAL AID DETAILS: Name of Medical Aid: _____

Medical Aid Plan: _____ Medical Aid Number: _____

Main Member: _____ Dependent Code No.: _____

PERSON RESPONSIBLE FOR THE ACCOUNT *(if different from above):*

Title: ___ Name: _____ Surname: _____

ID Number: _____ Date of Birth: _____ (dd/mm/yy)

Tel: (Home) _____ (Work) _____

Cell number: _____ Email: _____

REFERRING DOCTOR (if applicable): _____

DO YOU REQUIRE A STATEMENT TO CLAIM BACK FROM YOUR MEDICAL AID: Yes / No



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AGREEMENT ENTERED INTO BETWEEN DERMATOLOGY TREATMENT AND PHOTOTHERAPY CLINIC AND THE PERSON RESPONSIBLE FOR THE ACCOUNT

PLEASE READ THE TERMS AND CONDITIONS CAREFULLY BELOW:

The person responsible for the account hereby agrees as follows:

1. That (s)he is liable for the payment of the medical services provided by the nurse to the patient.
2. The minimum fee for a treatment is dependent on the type of treatment required. Complicated treatments requiring more time or any procedures, will add to the fee.
3. It is acknowledged that Dermatology Treatment And Phototherapy Clinic tariffs, as well as for other miscellaneous consultative services, are approximately 2 - 3 times more than the National Health Reference Price List (NHRPL) tariff.
4. If (s)he has medical aid cover, then the amount the scheme is prepared to reimburse will depend on that particular scheme.
5. To settle the Dermatology Treatment And Phototherapy Clinic account in full immediately after your appointment on the same day, irrespective of any contracts (s)he may have with the medical aid scheme or any third party.
6. A receipt will be issued on payment of the account and this can be used to claim back from the medical aid.
7. We require a minimum of 24 hours cancellation notice. Missed appointments or late cancellations will otherwise be charged a full consultation fee.
8. Failure to settle your account promptly will result in the account being handed over to a debt collecting agency. You will be liable for all additional costs that this may incur, including commissions and tracing costs.
9. Only one patient will be seen per treatment. Any other person should book separate consultations.
10. Any consumable used during the treatment regardless of initial consultation, follow-ups or pop-ins will be billed for accordingly.
11. All treatments are carried out by dermatology nurses. Otherwise if you need to see a dermatologist this will need to be dealt with in another consultation which must be booked with the dermatologist and an additional fee will be charged.

SIGNATURE of Person responsible for the Account:

DATE