

Please supply the following information: (We also need to take a copy of your ID+Medical Card)

Patients full name: (Ms/Mrs/Mr) _____

Date of Birth: ____/____/____ ID Number: _____

Occupation: _____ Medical aid dependent number: _____

Postal Address: _____

_____ Postal Code : _____

Home address: _____

(if different from above)

_____ Postal Code : _____

Telephones: (H) _____ (W) _____ (C) _____

Email: _____ Person responsible for account _____

Referring Doctor / Person / Internet: _____

Medical aid details

Medical Aid: _____ Plan: _____ Number: _____

Main Member: _____ ID Number : _____

Fee Structure: All Discovery patients are fully covered, pending savings for consultations. For everyone else the fees are based on the Discovery Premier Rate A.

Private, Momentum, Cape Medical Plan, Bestmed, Polmed and FedHealth patients must pay on day of service.

Please discuss concerns with us.

	Usual Fee (Discovery Rate A)	Approximate NRPL Rate (Each Medical Aid is different)
<u>Consultations:</u>		
Initial Assessment	R 877.00	R 520.00
Follow up visit	R 832.00	R 520.00
<u>A guide to basic procedures:</u>		
Gastroscopy	R 2900.00	R 2050.00
Colonoscopy	R 5850.00	R 4100.00
Colonoscopy with polypectomy	R 6800.00	R 5100.00

The Discovery rates are higher than some Medical Aid rates as indicated above. Accounts not paid within 30 days will attract interest at 21% per annum and a monthly R62.00 administration fee. Please note that you are always responsible for your account.

Signature: _____ Date: ____/____/____