

Practice No.: 0140000953202

 @MedicityNamibia

Main Member Details:

Title: _____
 Surname: _____
 ID No. / Date of Birth: _____
 Tel(W): _____
 Medical Aid: _____

Name(s): _____
 Tel(H): _____
 Cell: _____
 M/Aid No.: _____
 E-mail: _____

Patient Details:

Title: _____
 Surname: _____
 ID No. / Date of Birth: _____
 Tel(W): _____
 Medical Aid: _____
 Scheme: _____

Name(s): _____
 Tel(H): _____
 Cell: _____
 M/Aid No.: _____

Postal Address: _____

E-mail: _____

I, the undersigned, know that my account will be sent to the medical aid (by myself / service provider), should I be a member of the medical aids listed with the practice. Independent of this procedure, I hereby acknowledge that:

1. I am responsible for payment, irrespective of membership with a medical aid scheme
2. I am aware of the levy or conditions premium to my medical aid my responsibility to pay any amount not covered by the medical aid
3. Legal action may be taken after my account has gone unsettled for more than 90 days with or without notice. I consent to the jurisdiction of Section 45 of the magistrate's court Act 30/44
4. I hereby agree to any test or procedures deemed necessary by the practitioners in order to diagnose or facilitate treatment
5. All costs and disbursements, including legal costs on an attorney and own client scale, incurred by the Practice in collecting or endeavouring to collect all or any amounts payable by the Patient to the Practice or otherwise and all collection commissions and all other charges of a like nature are payable by the Patient to the Practice on demand.
6. Should I fail to pay on or before the due date any amount falling due or payable to the Practice under or arising from this agreement, then, without prejudice to such rights as may accrue to the Practice consequent upon such failure, such overdue amounts shall bear interest at the prime overdraft rate charged from time to time by the Practise's Banker
7. In the event that the outstanding debt is not settled, for any reason, I mandate the Practice or its Cessionary to collect the amount owing in either one lump sum or monthly instalments from my bank account by means of a debit order. This mandate shall constitute a valid debit order, which debit order shall automatically apply and the Practice or its Cessionary shall be authorised to collect the instalments/lump sum by means of the said debit order from any of my bank accounts. I further consent to the tracing of such banking details should the banking details as provided by myself be incorrect or no longer relevant.
8. The Practice reserves the right to vary the terms & conditions of this Agreement at its sole discretion, whether as a result of new legislation, statutory instruments, government licenses, amendments to the standard terms and conditions of the Practice, any similar event or not and I hereby consent to the said variation. The Practice may at its sole discretion, elect to notify me of any variation in writing or to publish such variation on its website and or at its principal place of business.

Patient Signature: _____

Main Member Signature: _____

Date: _____

Date: _____