



Terms and Conditions – Patient Notice

Dear Patient,

You are requested to read through this document and sign as proof that you have taken note of its contents:

- Medi EC Inc. is a separate practice and not part of the Mediclinic Hospital.
- This is an emergency / trauma unit and not a general medical practice.
- Right of admission is reserved.
- No unruly behavior will be tolerated.
- **You visit the unit at your own free will with the intention to receive medical help.**
- Patients are prioritized according to a system (triage) and are thus not necessarily seen in order of arrival. Although we strive to help everyone as soon as possible, you are urged to be patient until the doctor's availability.
- All patients have to open a file by supplying their details to the administration staff. No previous clinical records are kept on the premises and each visit is thus a new consultation.
- **Note that procedures performed in the emergency unit do not form part of the Mediclinic Hospital.**
- All examinations, procedures etc. are performed in your best interest.
- It is your responsibility to enquire about relevant test results (and to collect X-rays).
- Please note that X-rays will only be kept for a maximum period of 6 months after the examination and will be disposed of thereafter.
- **Please follow up if you do not respond to treatment as expected from the doctor.**
- **Private patients will be charged private tariffs and not according to BHF scale of benefits.**
- Please acquaint yourself with the costs regarding your visit to the doctor and take note that you are responsible for all costs incurred regarding consultation, examination and/or procedures.
- Treatment and procedural codes on accounts are in accordance with SAMA. Your medical aid may reject a specific code or code combinations with reasons. You are however responsible for all unpaid rejections.
- If your medical does not pay the account (or parts of the account) and/or reverse payments, you are at all times responsible for the account, as well as possible legal fees to recover such debt.
- You grant permission to the practice to supply relevant information to third parties (taking confidentiality into account) i.e. discussing your medical condition, the account, as well as possible legal fees to recover debt.
- **The parent/guardian of a minor, who accompanies such a person, is responsible for settling the account.**
- **The unit is not involved in custodian disputes or settlements, as well as any personal arrangements that parents may have with a guardian.**
- **No telephonic consultations will be received by our EC Doctor on call from the public. If necessary the Practice Manager will contact the patient about result or reviews.**
- If you are a member of a medical aid, you need to present proof to the administration staff on each visit, through presentation of your ID and membership card.
- As a member of a medical aid (where applicable), you have the following responsibilities:
 - Knowledge of your specific benefits, co-payments, levies and exclusions.
 - Aware of items and/or procedures that are not covered.
 - Aware of the available funds on your medical savings account.
 - A valid membership of the medical aid, and
 - That all installments are paid up to date.

General Practitioners
Group Practice: 0654485



- Please note that if payment is not made within **30 days**, the account will be listed with TransUnion. You will be held liable for any collection and/or attorney/legal fees.
- Please verify that all your account information is correct and up to date.
- **Please note that you are responsible for payment of the full account or levies (as may be applicable) before leaving the unit.**

It is hereby certified that I, the undersigned (name in full)

..... ID number

....., have taken note of the contents of this document.

Signed on this day of 20

.....
PATIENT / GUARANTOR / GUARDIAN