

## Gevorderde Sorg (Pty Ltd) Registration and Agreement form

You are free to find another service provider or use the public sector service should you not agree to the terms and conditions below.

We have gap fees for all our services. DVA patients pays the same fees as all other patients it depends on age and your cover.

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name of GP \_\_\_\_\_ Practice name \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Health Insurance No: \_\_\_\_\_ Reference No: \_\_\_\_\_

Medicare number: \_\_\_\_\_ Medicare Reference No: \_\_\_\_\_

The person/s/patient/carer responsible for paying for the services to Gevorderde Sorg (pty ltd) and agreeing to all the information written below is: \_\_\_\_\_

### **This person/patient agrees to:**

Paying all quotes for services rendered or to be rendered in full to Gevorderde Sorg (pty ltd), Dr Lourens. The services are to be paid in full before the services are provided. Gevorderde Sorg are authorized by the responsible person/patient to claim benefits from their insurance should it be required. The person/patient stays financially liable in full for any balance of the services rendered or to be rendered as per the quotes provided to the person/patient. The responsible person understand proof of payment in full is due before the service.

All the person's/patient's information are allowed to be released or used to claim benefits from the insurance and paid directly to Gevorderde Sorg should it be needed.

I the person/patient/carer authorize Gevorderde Sorg and Dr Lourens and (staff) to employ x-rays, photographs, anaesthetics, medicines, surgeries and other equipment and aids but not restricted to only those mentioned to provide patient care as deemed per opinion needed.

The responsible person/patient/carer is responsible for claiming their own benefits according to item number/s provided from their insurance company and from Medicare after the service is rendered by themselves. The insurance and Medicare are to refund you the amount in accordance to your signed agreement made between you and your insurance. These insurances mostly refund you less to what our services costs. What your insurance is willing to pay is entirely between you and your insurance.

We hold the rights to take any legal action within 2 weeks should there be any outstanding balances against the responsible person/patient.

I the responsible person/patient/carer is signing below as I agree to abide to the above terms, and conditions and payments in full:

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_ Witnessed: \_\_\_\_\_