NETCARE ADMISSION FORM

PATIENT DETAILS *

Title	Dr	Surname	Swan				
First Name(s)	Adrian Kenneth				Gender:Male		Female
ID/Passport No.	8303285241089			Date of Brith	1983/03/28	Age	38
Nationality	South African		Language		Religion		
E-mail Address							
Home Tel No.			Cellphone No.				
Physical Address*	Unit No.		Complex Name				
Street No.		Street Name					
Suburb/District			City/Town		Post Code		
Postal Address *	Post Box/Private Bag						
Suburb/District			Country		Post Code		
Employment Information							
Name of Company				Occupation			
Employee No.			Work Tel No.				
Physical Address*	Unit No.		Complex Building Name				
Street No.		Street Name					
Suburb/District			City/Town		Post Code		
Contact Person							
Surname							
First Name(s)				Relationship to Patient			
Home Tel No.		Work Tel No.		Cellphone No.			
Other Contact Person (Not residing with you)							
Surname							
First Name(s)				Relationship to Patient			
Home Tel No.		Work Tel No.		Cellphone No.			

IF INTERNATIONAL PATIENT

International	Unit No.		Complex Name		
Street No.		Street Name			
Suburb/District		City/Town		Post Code	

* In the case of non-South African resident patients, record physical and postal address in country of origin, and record details of contact persons both in the patients country of origin and in South Africa if possible

ADMISSION DETAILS

Admitting Doctor		Referring Doctor	
Family Doctor / GP			
Patient Diagnosis			
Date of Procedure		Procedure Code	
Date of Admission			
Ward Type: General		Private *		Semi-Private *	

* To be charged and paid for privately (if available)

PATIENT MEDICAL AID DETAILS

Medical Aid / Medical Insurance			
Medical Aid No. / Policy Number			
Plan / Option			
Dependant Code (Patient)		Waiting Period (Patient)	
Authorisation No.		Benefit Date	

Medical aid membership card and ID document must be produced on admission

MAIN MEMBER

Title		Surname					
First Name(s)				Relationship to Patient			
ID/Passport No.				Date of Brith		Age	
Nationality		Language		Religion			
E-mail Address							
Home Tel No.		Cellphone No.					
Physical Address*	Unit No.		Complex Name				
Street No.		Street Name					
Suburb/District		City/Town		Post Code			
Postal Address *	Post Box/Private Bag						
Suburb/District		Country		Post Code			
Employment Information							
Name of Company				Occupation			
Employee No.		Work Tel No.					
Physical Address*	Unit No.		Complex Building Name				
Street No.		Street Name					
Suburb/District		City/Town		Post Code			

PERSON RESPONSIBLE FOR ACCOUNT (other than patient or main member)

Title		Surname					
First Name(s)				Relationship to Patient			
ID/Passport No.				Date of Birth		Age	
Nationality		Language		Religion			
E-mail Address							
Home Tel No.		Cellphone No.					
Physical Address*	Unit No.		Complex Name				
Street No.		Street Name					
Suburb/District		City/Town		Post Code			
Postal Address *	Post Box/Private Bag						
Suburb/District		Country		Post Code			
Employment Information							
Name of Company				Occupation			
Employee No.		Work Tel No.					
Physical Address*	Unit No.		Complex Building Name				
Street No.		Street Name					
Suburb/District		City/Town		Post Code			

* In the case of non-South African resident, the person responsible for the account's residential address and contact telephone numbers in South Africa and counttry of origin must be provided. I, the indersigned, hereby confirm that Netcare may use the e-mail addresses as indicated in the patient / guarantor details for communication purposes on accounts and invoices.

Please tick the applicable box

PATIENT ☐ PERSON RESONSIBLE FOR ACCOUNT ☐

PARENT(S) or GUARDIAN(S) (if minor child) ☐

_____
(Full name(s))

_____
(Signature(s))

INJURY ON DUTY / WCA DETAILS

1. WCL2 AND WCL4 and certified ID document must be provided to the hospital.
2. Re-opening approval letter for case older than 2 years from date of accident must be provided to hospital.

TERMS AND CONDITIONS (APPLICABLE TO PRIVATE & MEDICAL AID PATIENTS)

The Guarantor	Means any person who signs the terms and conditions, independently from the patient, parent(s) or guardian, and who accepts full responsibility for payment of Netcare's invoice. The Guarantor remains jointly liable in solidum for full outstanding balance/s, unless settled in full by the patient, parent/guardian, main member, medical aid or any other party.
Netcare	Means Netcare Hospitals (Pty) Ltd, its holding, subsidiary and associated companies and all of those companies' directors, officers, employees and/or agents, as well as any hospital, clinic or medical facility owned and/or operated by Netcare.
Signatories	Includes the patient, guarantor, parent(s) and guardian where the patient is a minor, together or separately where the person has signed in that capacity.
Third Parties	"Third parties", include but are not limited to medical practitioners, doctor's, radiologists, physiotherapists, pathologists, specialists, medical aid and other service providers who are not employed by Netcare but are involved in the provision of various services to the patient.
Payment of account	I/we, the undersigned, will be responsible for and agree to make payment of the Netcare fee ("the fee") for the use of the Netcare facility and health services rendered, as charged by Netcare from time to time. Details of the fee structure as applicable from time to time are available in writing on request, and form part of this Netcare Contract.
Recovery of costs	In the event where you have failed to pay the fee mentioned above, Netcare have the right to recover any legal costs to recover the amount due, including attorney and client costs levied including collection commission and all related legal costs incurred.
Signatories personally responsible	I/we, the undersigned, signatory(ies), will be personally responsible for payment of the fee, whether the invoice has been submitted to my medical scheme or any other party for payment. The person who signed these terms and conditions, as the person responsible for payment of the fee, will remain responsible for the full outstanding amount.
Deposit / Guarantee	Netcare, may request a deposit or guarantee from you, which must be provided immediately. Acceptable payment methods will be provided to you with the request.
Refundable deposits	A deposit paid is refundable to the person or entity that paid the deposit however, the deposit will be automatically set-off against a patient account upon admission.
Duplicate payments	Full or partial duplicate payments shall be refunded only to the person or entity that made the duplicate payment. Refunds shall be effected by way of Electronic FundsTransfer ("EFT") or a credit card reimbursement only.
Credit balances	Where a credit amount is refundable to a patient it may be set off against any outstanding hospital accounts for that patient before being refunded. Where a credit amount is refundable to the medical aid, such credit amount will be set off against future payments due by the medical aid. Where a credit amount is refundable to a guarantor who is not the patient, the credit amount shall be reimbursed to the creditor without any set off against any outstanding accounts of the patient.
Invoice due and payable	The fee becomes due and payable immediately upon presentation of a final invoice. After expiration of thirty days (30) days from presentation of the account Netcare reserves the right to charge interest on such overdue account at the rate of two (2) percent (%) above the prime lending rate applicable.
Consent to access credit information	I/we, the undersigned, consent to Netcare obtaining from any credit bureau, or any other institution with whom I/we, the undersigned, may have financial dealings any information concerning our credit profile and payment history.
Patient's consent	I acknowledge that in providing health and/or medical services ("Services") to me, it is necessary for Netcare and third parties that are involved in the provision of services, to process my personal information. "I provide my express consent to Netcare to process my personal information as defined in law for purposes of providing the services and to share such personal information with "third parties" in order to provide various medical and related services to me."
Consent to Magistrates Court Jurisdiction	I/we, the undersigned hereby consent and submit in terms of section 45 of the Magistrates' Courts Acts to the jurisdiction of the appropriate Magistrate's Court in respect of all actions or other proceedings which might be brought against me/us by or on behalf of Netcare arising out of my/our failure to pay the fee or other breach of the Netcare Contract, irrespective of the value of the claim against me/us.
South African Jurisdiction and Law	This Netcare Contract and the use of Netcare Facility and any health services provided by Netcare to the patient shall be governed by and construed in accordance with the laws of the Republic of South Africa.
Address for Notices	The addresses provided in the details section above are the chosen domicillium addresses for all purposes, including the serving of any court documents such as summonses or notices, the payment of any amount and any communication between the parties in terms of this agreement. A party may change their chosen address by 30 days written notice to the other party.
Verification of Address & Employment	Netcare reserves the right to verify address and employment details.
Notice	Every notice, consent, invoice or other communication required or permitted in terms of this contract, must be in writing. Notices may be delivered: · by hand to the address referred to in the details section or any other address chosen in writing: · by telefax or e-mail to the addressees telefax number or e-mail address , an acknowledgement of receipt from the recipient must be given to the sender: OR · by prepaid registered post to the address referred to in the details section or any other address chosen in writing.
Disclosure	I/we, the undersigned, authorises Netcare, or any attending doctor, or any other attending healthcare professional to disclose the nature of the patient's diagnosis and/or any health services rendered to the patient and all and any records or copies of records in relation thereto to the patient's medical aid, and I/we confirm that I/we are duly authorised to disclose such information and in the event of any disclosure, hold Netcare harmless from any claims whatsoever.
Disclaimer	Notwithstanding any refusal and/or inability on the part of the patient to provide consent to the disclosure of any information, confidential or otherwise to the guarantor, by Netcare, the guarantor accepts by signature hereto, that he/she shall remain jointly and severally liable in solidum for the amounts so claimed in any invoice by Netcare.
Medical Practitioners	I/we, the undersigned, understand and accept that the medical practitioners, doctors, radiologists, physiotherapists, specialists and other such practitioners who treat the patient are independent contractors who are not employed by Netcare and that Netcare is not responsible for their invoices or treatment, and agree to hold Netcare harmless in respect thereof.
Disclaimer in respect of property	I/we, the undersigned, understand, accept and agree that Netcare will not be liable or responsible for any loss of, damage or destruction to, any property, including money and valuables, belonging to the patient, or in possession of the patient, or given to Netcare for safekeeping, even if Netcare is/was negligent in any way and no matter how the loss, damage or destruction was caused.
Minor Patients	Where the patient is a minor, that is unmarried and below the age of 18 years, both the minor's parents and/or guardians sign these terms and conditions in both their personal and representative capacities and in so doing accept responsibility for payment of the fee in full. In the event that only one parent/ guardian signs these terms both parents shall be held jointly and severally liable for services rendered to such minor patient.
Accounts and invoices	I/we, the undersigned, hereby confirm that Netcare may use the email addresses and contact numbers as indicated in the patient/guarantor details for communication purposes on accounts and/or invoices, or submission thereof. Netcare may use my personal information for purposes of collecting and recovering any amounts owed by myself to Netcare.
Terms & Conditions Read , understood	**I/we, the undersigned warrant that I/we, the undersigned, have read, understood and agree to these terms and conditions, and the Disclaimer in respect of property set out herein and contracts on such terms, conditions and the Disclaimer in respect of property.**

Initials of all signatories _____

I, the undersigned confirm that I have read and understand the above information, and that all such information has been explained to me in a language or manner which I understand. I confirm that I do not have any further questions in this regard. I confirm I am signing this document out of my own free will, and with full capacity to do so.

I further confirm that all information pertaining to the account herein may be disseminated to any person claiming responsibility for payment of the account and/or the guarantor herein, notwithstanding such account containing personal information about myself and the services rendered to me by the hospital and the relevant doctors.

_____ _____

(Person responsible for account) Print Name and Surname

_____ _____

Patient / Guardian signature Print Name and Surname
*(in the event of a patient under the age of 18 years)

_____

Date

_____

Hospital Staff Member

Patient Sticker