Dr Adrian Swan
Spinal and Orthopaedic Surgeon
drswanadmin@ctorth.com
+2721 001 7608
www.dradrianswan.com
HPCSA: MP0686727 Practice no.: 0961493

Confidential Patient Information

Patient Details	
Title	Residential address
First Name	
Surname	
Nationality	Cellphone no.
ID or Passport no.	Home no.
Date of Birth	Work no.
Email Address	Marital status
Occupation	Height
Employer	Weight

Next of Kin	
Full Name	Full Name
Relationship to Patient	Relationship to Patient
Cellphone no.	Cellphone no.
Email	Email

Doctor / Medical Contact	
Family GP	Referring Doctor
Phone no.	Phone no.
Email	Email

Medical Aid & Gap Cover	
Name of Medical Aid	Dependent Code
Plan Type / Scheme	GAP Cover Yes No
Membership no.	GAP Policy Number
Main Member Name	Brokers name
Main Member ID no.	Broker no.
Main Member Contact no.	Please submit GAP claim via your broker

Person Responsible for Account – If different from Patient or Main Member	
Full Name	Occupation
Relationship to Patient	Employer
Nationality	Residential address
ID or Passport no.	Cellphone no.
Date of Birth	Home no.
Email	Work no.

I _____ confirm the information supplied on this "Confidential Patient Information" form is true and correct and I have read the Terms & Conditions and understand all the implications. I also understand that pertinent medical information may be shared with 3rd parties as deemed necessary for my care. This agreement is signed in Cape Town on _____

Signature _____

If the patient is a dependent, then the parent, guardian or main member's signature is required

Cape Town Sports and Orthopaedic Clinic, Suite 1514,
Christiaan Barnard Memorial Hospital, Foreshore, Cape Town, 8001

Dr Adrian Swan
Spinal and Orthopaedic Surgeon
drswanadmin@ctorth.com
+2721 001 7608
www.dradrianswan.com
HPCSA: MP0686727 Practice no.: 0961493

Terms & Conditions

Terms
"Practice" shall mean the medical practice of Dr Adrian Swan.
"Patient" shall mean the name as it appears on the "Confidential Patient Information" form.
"Client" shall mean the person responsible for the payment of the invoices and statements.
"Services" shall mean visits, appointments, procedures performed and care provided Dr Adrian Swan

Fees
The fees in this practice are approximately 2.5 to 3 times the basic Medical Aid Rate.
Medical Association of SA rates and Health Professions Council of SA ethical rates are 3 times the basic Medical Aid Rate.
The Medical Aid decides independently what contribution it is prepared to make to this practice based on your plan type / scheme. The practice does not have a contract with, nor deals with the Medical Aid directly- you do.
The fees exclude the costs of the hospital and other specialist therapists involved in the procedure or your pre-operative and post-operative care.

Fee Schedule
Consultations – fees are payable on the consultation day.

First consultation	R1600
Follow-up consultation	R800
Emergency consultation	R1300

Surgical Procedures Fee

Discovery classic	contracted rates
All other medical aids	300%
Patients NOT on medical aid	all fees payable upfront
Post-surgical follow-up	no charge for 12 weeks
Consumables	items will be charged

Administrative Tasks

Compiling and drafting of medical reports per 30 min	R1400
Completion of insurance forms	R750
Repeat scripts	R300

Payment
The patient is personally responsible for payment, not the Medical Aid.
Payment is due within 14 days of the date of invoice.
As the practice may not be contracted into your Medical Aid, the medical scheme may pay their portion of the Doctors fees directly into your or the main member's account. This money is to be used to finalize your account, together with the balance owed.
In the event of divorce, the parent signing the confidential patient information form and these terms and conditions is responsible for the settlement of the account.
Payment for a consultation is due before leaving the rooms on the day of the visit.
Cheques are not accepted as a form of payment.
You are not entitled to withhold payment for any reason. No extension of payment shall be given unless this is agreed to in writing with the practice before the date the payment is due.

Overdue Accounts
In the event of any legal demand or action, you shall be liable for: interest at a rate of 10% annually, compounded monthly; all legal costs incurred by the practice on an attorney and client scale; and administration costs of (25%) on each instalment paid.

Cancellations
You are required to provide a notice of cancellation at least 24 hours prior to your scheduled appointment, otherwise you will be charged a cancellation fee of 100% the cost of the scheduled appointment.
In the event that you do not notify the practice and fail to arrive for your scheduled appointment, the total cost of the appointment will be invoiced to you.

Breach
Any breach of these terms or the provision of false or inaccurate information will result in the termination of the practices services, and proceedings will be instituted by the practice for overdue accounts or any amounts owing to the practice.
The practice shall be entitled to recover all costs incurred by it in enforcing its rights under any agreement, on an attorney and own client basis together with any other costs such as: collection commission; tracing charges; and interest on outstanding debt as outlined above.
Once your account has been handed over for legal action, no further correspondence will be entered into with the practice. All correspondence shall be made with the debt collector entity appointed.
The practice shall be entitled to institute legal proceedings against the client in respect of all matters arising from any breach of these terms and conditions.
The residential address as stated in the "Confidential Patient Information" form serves as your *domicilium citandi et excutandi* for all purposes. It is your responsibility to inform the practice, in writing, within 7 days of any change of address

Confidentiality and Protection of Personal Information Act (POPIA)
All information handled by the practice is regarded as strictly confidential by Dr Adrian Swan and the practice staff.
Legislation compels the practice to disclose your personal and health information. Such as laws governing motor vehicle accidents; injuries and disease that occur at work, or claims to Medical Aid. The practice must also disclose diagnostic ICD-10 codes on referral letters, requests for other investigations (e.g. pathology, radiology) etc.
If you do not want us to disclose this information, please inform the practice before signing this document. This may result in the entities responsible to refuse to cover the costs of your care or pay out other claims. You will then be personally responsible for the payment of all services rendered.
By acknowledging this in terms of the POPIA, that the practice may share your personal information (including diagnostic information) for: practice administrative services (including external practice administration providers contracted by the practice); practice outcomes review, statistics and research purposes; or practice business planning with other service providers to enhance systems and services. This includes sharing personal medical information with other Healthcare Practitioners as deemed necessary to enhance your care.
Consent for research is voluntary, and care will be unaffected whether or not consent is given. All data will be kept confidential and there will be no benefit to individual participants.
Your personal information will be securely retained by the practice for a period of no longer than 10 years after the last entry, or as required by legislation if longer than this period.
This practice makes use of the following communication platforms: phone, sms, email, whatsapp. These communications will be used for professional communication only.
This will include (but not limited to) accounts, statements and information, practice information, system updates, professional updates, prescriptions and reports.
You acknowledge that no system is completely secure, and you will not hold the practice responsible for any breach of confidentiality via these communications.