



PRACTICE CONTRACT GENERAL TERMS AND CONDITIONS

Dear valued patient, this document explains the general terms and conditions upon which this practice and the patient, parents, or legal guardians of patients will conduct their relationship. This document does not constitute a consent to any specific treatment, nor a quotation or price for any services rendered by this practice. By signing this document, this serves as a binding contract between yourself, the patient, and the practice and you accept that you have read the documents in its totality, that you understand the contents thereof and have been given an opportunity to ask questions which have been answered to your satisfaction.

BILLING POLICY AND PRACTICE FEES

Consultations and the practice fees are payable with cash or card immediately after consultations, or treatment. Upon receipt of payment the practice will deliver an invoice to the patient, which may be submitted to a medical scheme in order to receive a refund in terms of the medical scheme rules.

It remains the responsibility of the patient to familiarise yourself with the benefits and terms and conditions associated with your chosen medical scheme and the benefit option that you are on. This practice will not be held liable in any way, whatsoever for failure of medical aid to pay out claims to patients.

It is further the responsibility of the patient to ascertain the exact amount which your scheme provides for and to familiarise yourself with any medical and financial restrictions when consulting a service provider.

In the event that preauthorisation is required by a medical scheme for any medical procedure or treatment it remains the responsibility of the patient to ensure that the planned treatment is covered by the medical scheme.

The practice suggest that in the event that preauthorisation is required for a procedure from a medical scheme it is recommended that you enquire what the scheme will cover in order to avoid any misunderstanding regarding payment policies and to further maintain the professional healthcare standards of this practice.

The pricing schedule for procedures will be presented alternatively a quotation aligned with the practice billing policy will be provided upon consultation with a patient.

APPOINTMENTS

This practice will at all times stick to a schedule however in certain instances appointments will be extended for a longer period of time than was booked. In the event that the practice or the doctor is running late, the practice will endeavour to inform you as patients of the delay however this will not always be possible.

Appointments with this practice are booked at 30 minute (45 minutes for procedures) intervals and in the event that you require a longer appointment it is the responsibility of the patient to inform the practice beforehand when making your appointment.

This practice will offer virtual consultations however such consultations will not take place via; text messages, WhatsApp's or emails.

In the event of treatment by a doctor from the practice, it is the responsibility of the patient to book a follow-up consultation after any procedures have been done.

SICK CERTIFICATES

This practice will only provide sick certificates should the specific condition warrant such certificate. In the event that a diagnosis is provided on the sick certificate the certificate

will be handed only to the patient unless otherwise specified in writing by the patient. The discretion to disclose a medical condition or diagnosis to an employer will always remain with the patient.

RISK OF CLINICAL COMPLICATIONS

The practice will always do their utmost best to ensure a satisfactory outcome for all procedures regarding your health care. No clinical procedure or treatment is however entirely risk free and the results of any particular treatment cannot be guaranteed. In the event that you have any concerns same should be discussed with a medical practitioner who will disclose all risk and benefits for certain treatments and procedures. This practice will require the patient in certain events to sign further terms and conditions for certain procedures or treatment plans.

By signing this document, the patient confirms that you understand that your own behavior and participation in your healthcare will impact the outcome of a treatment or procedure and in the event that you do not follow the instructions of your doctor you undertake to not hold the practice and its staff liable for any negative consequences. The practice reserves the right to terminate its relationship with a patient in the event that the doctors' instructions are not followed.

PATIENTS TWELVE TO EIGHTEEN YEARS OLD

The Children's Act of 2005, allows a child to provide consent to treatment without the consent of a parent or legal guardian this provision is applicable to children between the age of 12 and 18 years who understand the implications of the treatment. In the event that the practice treats or consults with a child you confirm that you understand that as a parent or legal guardian you are legally liable to cover the cost of your child's healthcare.

CONFIDENTIALITY POPIA AND DATA RETENTION

This practice handles all information as strictly confidential and is all endeavors made to treat same as such. Legislation compels the practice to provide certain information on account including diagnostic information and ICD-10 codes. Failure to submit the

correct codes might lead to claims by the patient from medical schemes being incorrectly paid or rejected by medical schemes.

Referral letters and request for special investigations etc. will also disclose such diagnostic information or ICD-10 codes. It is the policy of the practice to provide clinical feedback to referring and commanding physicians. This facilitates better patient care but patients should be aware that clinical information is shared with fellow medical practitioners in events that require it. Another medical practice or practice administrator may approach this practice with a request for confidential information, if uncertainty exist over the soundness of the required confidentiality processes the doctor will insist that the standard operating procedure as legislated in the Access to Information Act be followed.

You hereby consent in terms of the Protection of Personal Information Act 4 of 2013 ("POPIA") as amended from time to time that the practice may share your personal information for practice administration services, including external practice administration providers contacted by the practice, historical, statistical, research purposes, or practice business planning with other service providers to enhance systems and services, this to include sharing the personal information with other healthcare practitioners, medical schemes, claims/invoice switch houses in the course of providing these services to you.

Your personal information will be securely retained by the practice for a period of no longer than 6 (SIX) years after your last visit to the practice, or as required by legislation if longer than this period.

SIGNATURE AND DECLARATION

I hereby acknowledge that I have read and that I understand the above information. I further confirm that all the information provided by me is true and correct. I acknowledge that the practice provided me with its terms and conditions. I have also been giving the opportunity to ask questions prior to having signed this contract. I understand that I am under continued obligation to advise the practice/ healthcare professional of any changes of my information, or consent, or medical condition, that may occur after

submission of this contract and acknowledge, by signing this contract, that I am legally bound by the provisions of the contract.