



# Van Vuuren Physiotherapist

Pretoria East Hospital  
c/o Netcare Ave & Garsfontein Road  
Suite 13  
012-9988717  
083 2265 299

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## TERMES EN VOORWAARDES / TERMS AND CONDITIONS

1) **DIE PRAKTYK**

Die Praktyk is Van Vuuren Fisioterapeute , Pr 0162272

**THE PRACTICE**

The Practice is Van Vuuren Physiotherapist, Pr 0162272.

2) **AANVAARDING**

Die ondergetekende pasiënt, verantwoordelike persoon, ouer, wettige voog of borg van die pasiënt, aanvaar hiermee aanspreeklikheid as hoofskuldenaar, alternatiewelik as medeskuldenaar gesamentlik en afsonderlik met die pasiënt, vir die betaling van enige eise van die Praktyk wat mag voortvloei uit dienste gelewer of toerusting verkoop of verhuur aan die pasiënt, nieteenstaande die bestaan van 'n mediese fonds of versekering wat sodanige eise mag dek.

**ACCEPTANCE**

The undersigned patient, responsible person, parent, legal guardian or surety of the patient, hereby assumes liability as the principal debtor, alternatively as co-debtor jointly and severally with the patient, for the payment of any claims by the Practice arising from services rendered to the patient, or equipment provided to patient, or to be rendered to the patient, notwithstanding the existence of a medical aid fund or insurance covering such claims.

3) **ALGEMEEN**

Hierdie magtigingsvorm stel die algehele ooreenkoms tussen die partye en geen ooreenkomste, voorstellings of waarborge wat tussen die partye bestaan, anders as wat spesifiek hierin uiteengesit word sal nie van krag wees nie. Geen wysiging, verandering of kansellering van hierdie ooreenkoms sal enige regsrag dra tensy dit op skrif geplaas word en deur alle betrokke partye onderteken word nie.

**GENERAL**

The Form of Admission constitutes the whole and entire agreement between the parties. There are no agreements, representations or warranties between the parties other than those specifically set forth herein. No variation, modification or cancellation of this agreement shall be of any legal force effect unless it is confirmed in writing and signed by all parties involved.

4) **JURISDIKSIE**

Hierdie ooreenkoms is onderworpe aan, en sal geïnterpreteer word ooreenkomstig die reg en die wetgewing van die Republiek van Suid -Afrika (RSA) en sal onderworpe wees aan die jurisdiksie van 'n bevoegde hof in Pretoria, RSA.

**JURISDICTION**

This agreement is subject to and shall be interpreted and construed in terms of the laws of the Republic of South Africa and is subjected to the jurisdiction of a competent court in Pretoria, RSA.

**E-pos/ Email Address:** \_\_\_\_\_

**Handout/ Inligtingstuk:** \_\_\_\_\_

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5) **PERSOONLIKE INLIGTING**

Die ondergetekende pasiënt, verantwoordelike persoon, wettige voog of borg van die pasiënt, gee hiermee toestemming aan die Praktyk, om persoonlike mediese inligting soos ICD10 diagnostiese kodes en kliniese inligting ten opsigte van die pasiënt te openbaar aan sy mediese fonds. Indien die pasiënt nie die rekening vereffen nie, word bogenoemde inligting deur gegee aan 'n regsvertegenwoordiger of skuldinvorderaars **met dien verstaande dat sodanige inligting as vertroulik en in goeie trou gehanteer word**. Kommunikasie met pasiënt sal plaasvind deur middel van e-pos, sms, telefoniese gesprek en indien nodig pos.

**PERSONAL INFORMATION**

The undersigned patient, responsible person, legal guardian, or surety of the patient, hereby authorizes the Practice to disclose personal medical information such as ICD10 diagnostic codes and clinical information to your medical aid. If the account is not settled, the above information will be disclosed to an attorney or debt collectors. All information is treated as **confidential and in good faith and only for debt collecting purposes**. Communication will take place via email, sms, phone calls and if needed mail.

6) **KONTRAKBREUK**

Indien enige van die partye hierbo kontrakbreuk pleeg, is die Praktyk onmiddellik geregtig om regstappe te neem  
**BREACH OF CONTRACT**  
In the event where any of the above mentioned parties commits a breach of contract, the Practice is entitled to take immediate legal action.

7) **REGSKOSTES**

Indien die pasiënt nie die rekening betaal nie en die Praktyk besluit om regstappe teen die pasiënt / verantwoordelike persoon van die rekening te neem, onderneem die persoon om die regskostes te betaal vir die invordering van die uitstaande skuld ten opsigte van mediese dienste gelewer, insluitende prokureursfooie op 'n prokureur-kliënt skaal, invorderingsfooie en – kommissie, rente en opsporingkoste.

**LEGAL COSTS**

Should the Practice commence legal proceedings, the patient undertakes to pay all legal costs relating to the recovery of the outstanding monies in respect of professional services rendered, including attorney fees on an attorney-client scale, collection fees and commission, interest and tracing costs.

8) **REEKS VAN AFSPRAKE**

In die geval waar 'n pasiënt behandeling ontvang wat 'n reeks van konsultasies of afspraak behels, sal elke konsultasie of afspraak as 'n eis in sy eie reg beskou word en die Praktyk sal geregtig wees om 'n rekening te hef en aan die pasiënt te stuur onmiddellik na afloop van die afspraak.

**SERIES OF APPOINTMENTS**

In the event where the patient undergoes treatment which consists of a series of appointments or consultation shall be regarded as a cause of action in its own right and the Practice will be entitled to submit an account immediately after the consultation.

9) **KLEDINGSTUKKE**

Ek verklaar myself bereid om enige kledingstuk te verwyder wat nodig mag wees om 'n effektiewe behandeling te verseker.

**CLOTHING**

I give consent to the removal of any clothes necessary for an effective treatment.



P O Box 511  
Garsfontein, 0042  
Fax: 086 759 4602  
E-mail: vangerd@medi.co.za  
Website: vvphysio.org

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10) **BETALINGSVOORWAARDES**

Die praktyk volg die reëls van die **SASP sowel as Wet op Mededinging, Afdeling 4 ( 1 ) ( b ) ( i )**

Enige persoon wat hierdie Magtigingsvorm in enige van die hoedanighede onderteken, bevestig

- (1) dat hy/sy hom/ haarself van die tariewe vergewis het (vra jou fisioterapeut/ ontvangsdame)
- (2) dat hy die praktyk binne 14 dae na die behandelingsdatum sal kontak en verwittig indien hy nie 'n rekening ontvang het nie
- (3) bevestig dat die Praktyk nie verantwoordelik is vir die indiening van eise by enige mediese fonds nie.
- (4) **Pasiënt bly verantwoordelik vir die uitstaande bedrag, indien die rekening nie ten volle vereffen word deur die fonds nie**
- (5) **Bogenoemde praktyk kan nie tussen lid en fonds intree om 'n dispuut uit te klaar nie.**
- (6) **U onderneem dus ook dat dit u verantwoordelikheid is om te verseker dat die rekening binne 60 dae vereffen sal word. Indien vereffening nie betyds sal plaasvind nie, sal die praktyk die rekening oorhandig aan 'n skuldinvorderaar.**
- (7) **Buitelandse pasiënte moet eers die rekening by ons praktyk self vereffen en dan terug eis van hul fonds.**

**TERMS OF PAYMENT**

This practice abides by the rules of the **SASP and Competitions Commissioners ruling regarding price fixing. Section 4(1) (b) (i) of the Competitions Act.**

Any person who signs this document in any of the capacities described above, confirms that

- (1) he/ she is apprised of the tariffs charged by the Practice (ask your physio or receptionist)
- (2) he/ she will notify the practice within 14 days after the treatment date if he/ she has not received an account
- (3) the Practice is not liable for the submittance of medical claims with any medical fund.
- (4) **If the medical aid does not settle the full amount, the outstanding balance remains the responsibility of the patient**
- (5) **This practice cannot get involved in disputes with medical aids as we are not the members and only service providers.**
- (6) **The member will also take the responsibility to ensure that the account will be paid within 60 days. If settlement is not occur in time, the practice will hand over the account to a debt collector.**
- (7) **Foreign patients must pay the account upfront and claim afterwards from medical fund.**

11) **NA-UURSE KONSULTASIE (R240 PER KONSULTASIE)**

Die normale werksure van die praktyk is Maandae – Vrydae 7h00-16h00. Saterdag, Sondag en openbare vakansiedae word as na-ure beskou. Let asb daarop dat die praktyk 'n na-ure konsultasie fooi gaan hef, indien die behandeling plaasvind buite werksure.

***Versuim om met Fisioterapie behandeling aan te gaan gedurende na-ure, kan lei tot verlengde hospitaal verblyf.*** U fisioterapeut is eties verplig om aan te gaan met sy / haar behandeling om bogenoemde komplikasies te verhoed, en hy/sy sal besluit of die behandeling tydens na-ure noodsaaklik is. Neem asb kennis dat u mediese fonds, dalk nie hierdie bedrag sal vereffen nie, en daarom bly u dus verantwoordelik vir die vereffening van die R240 per konsultasie. **Kode 72720** word gebruik om die na-ure kode aan te dui, en word gehef volgens die reëls van die Suid-Afrikaanse Fisioterapie Vereniging

**TOESTEMMING VIR NA-UURSE KONSULTASIE**

Ek, .....  
aanvaar hiermee al die terme en voorwaardes van Van Vuuren Fisioterapeute, aangaande die na-ure kode 72720 - Fooi R240.

After hour Consultation .....



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**AFTER HOUR-CONSULTATION: (R240 PER INTERVENTION)**

The normal working hours of this practice are Monday – Friday 7h00-16h00. Saturdays, Sundays and Public Holidays are not regarded as normal working days and will be charged as afterhours. Please take note that this practice charges a fee for essential continuation of physiotherapy services rendered outside of the normal working hours.

*Interruption of your physiotherapy care might result in complications and/or extended length of hospital stay.* Your physiotherapist is under an ethical duty to continue rendering essential care and she/he will determine the need to continue with treatment to prevent the above.

Please take note that your medical aid might not pay for this charge and you, the patient, will remain responsible for the R240 per intervention.

The code that will be used to indicate the essential continuation of physiotherapy services in an afterhours situation, on your account shall be indicated by **code 72720** according to the South Africa Society of Physiotherapy guide to physiotherapy fees.

**CONSENT TO FEES ASSOCIATED WITH ESSENTIAL OVERTIME CARE:**

I, .....hereby acknowledge that I have read and understood the terms and conditions of the essential overtime. Code 72720 R240.

I hereby give consent to this charge, which I understand to be fair and reasonable based on the additional cost-base of such service and I acknowledge that I remain responsible for the whole of the account and/or parts thereof that my medical scheme may not reimburse.

**Ek aanvaar hiermee al die termes en voorwaardes van Van Vuuren Fisioterapeute.  
I hereby accept and agree to the terms and conditions Van Vuuren Physiotherapist.**

Geteken te / Signed at .....

op hierdie / on this .....Dag van/ Day of .....20 .....

.....

PASiENT / PATIENT

.....

OUER/ VOOg/ VERANTWOORDELIKE PERSOON/ BORG

PARENT/ GUARDIAN/ RESPONSIBLE PERSON/ SURETY

.....

NAAM IN DRUKSKRIF/ NAME IN BLOCKLETTERS

.....

NAAM IN DRUKSKRIF/ NAME IN BLOCKLETTERS