



TERMS AND CONDITIONS AGREED TO BY PATIENTS / PARENTS / GUARDIANS

Please ask us, at the practice if you, the patient, do not understand any of the clauses below.

ABOUT THIS PRACTICE

Beate Stindt offers individualised assessment and treatment of all musculoskeletal and sport injuries. This includes acute injuries such as ankle sprains as well as lower back and neck pain, pre-operative and post-operative treatment and rehabilitation, as well as managing chronic illnesses such as arthritis.

PRICING/FEEES AND PAYMENT

1. This Practice bills according to a billing policy and fees are available on request.
2. The terms and tariffs applicable to medical scheme patients vary from scheme to scheme, and even from option to option. You may obtain these details from your scheme. This practice bills according to the schemes rates and procedure codes for the current year and is updated annually in accordance with the medical scheme.
3. Our fees cover your Practice visits and any equipment used during your treatment.
4. All accounts must be settled on receipt of the account. If you have not received an account from us within 2 days, please let the practice know immediately.
5. By choosing the Practice, you consent to us submitting the account to your medical scheme. This does not mean that the scheme has received the account or accept liability. Please confirm that with them. If you do not want any particular account to be submitted to your medical scheme, please let us know before you leave the practice.
6. Membership (principal member or beneficiary) must be valid at the date of healthcare delivery.
7. Adults (main members & dependents) remain personally and fully liable to settle the full account, irrespective of whether the scheme gave pre-authorisation, paid you directly (and not us) in full, or not.
8. If your account is not paid after the 30 calendar days, we will give, in terms of the National Credit Act, notice of 20 working days and if you fail to settle the account within 10 days, we will undertake debt collection processes. We will charge the maximum amount of 2% interest per month on all outstanding accounts. You will be responsible for all costs relating to the debt.
9. If you feel that your medical scheme should have paid in full, you can lay a complaint at the Council for Medical Schemes by fax: (012) 431-0608 or at this email address: complaints@medicalschemes.com.

SCHEME INVESTIGATIONS

10. In some cases, your medical scheme may differ in its interpretation as to the coding we use, or as to whether our services are needed or not. In those cases, we may require of you to pay us directly and claim from your scheme, or require your co-operation to answer their queries.

ON TIME OF PERFORMANCE OF SERVICE

11. Although we will do our best to render services at agreed times, legitimate circumstances could prevent this. By agreeing to our services, you agree to this uncertainty. We will, if possible, inform you if we run late.
12. If you do not keep an appointment, and do not inform us within 24 hours, we may bill you for that session, as set out in the personal information form you have signed, as we may be unable to fill that slot.

COMMUNICATION WITH THE PRACTICE

13. We are happy to accept communication by email, WhatsApp or SMS. If you need urgent assistance outside of office hours, please contact your doctor or the emergency services.

COMPLAINTS & CONCERNS

14. The practice aims to ensure that all complaints and concerns are addressed appropriately and expeditiously. Please use the practice's complaints policy and form (available from the practice manager). The practice urges all persons to use this avenue before taking any action at any external entity.

CONFIDENTIALITY

- 15. This document constitutes a contractual agreement by the practice to protect all personal information.
- 16. We will use your information only in relation to your healthcare.
- 17. We can only release information with your written consent, even if a family member requests the information. This applies to all persons 12 years or older.
- 18. The law compels us to disclose your personal information in the following situations:
 - 18.1. To your medical scheme: a diagnostic code and details of the treatment, so that the scheme can evaluate whether it falls within your benefits.
 - 18.2. To other healthcare professionals: Information that is necessary and in your best interest in terms of the National Health Act.
- 19. Some medical schemes provide all information to the principal (main) member. We are not liable for any personal information disclosed as a result of your medical scheme's disclosures.

PURPOSE AND NATURE OF HEALTHCARE

- 20. You confirm that you understand that in healthcare, results cannot be guaranteed. Results also depend on how one's body reacts to the treatment and whether you follow advice (e.g. on exercises or lifestyle). You agree to follow the advice given to you. If you do not do this, you undertake to not hold the Practice and its staff liable for any negative consequence. _____(initial)

CHILDREN AND HEALTHCARE

- 21. 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, even where the Children's Act allows the child to provide consent to treatment without parental consent (12 to 18-year old's).

PATIENT / CLIENT / CONSUMER DUTIES (NATIONAL HEALTH ACT, 2003)

- 22. You must adhere to the rules of the Practice and any instructions given to you by staff or healthcare professionals.
- 23. You have the right to ask questions and to have them answered. If you do not ask any questions, we will assume that you have understood everything and are fine with everything.
- 24. You and/or your family or other persons that come to the Practice should not harass the healthcare professionals and staff. They must be treated with respect. If not, we are allowed by law to refuse to treat- or to continue to treat you or your children. In such cases we will refer you to another Practice.

Signature of patient / parent / guardian
confirming that s/he understood and agrees to the above terms and conditions

Date