



Jacoline Scott

Fisioterapeute Ingelyf

Physiotherapists Incorporated

MEDIESEFONDS BESONDERHEDE / MEDICAL AID DETAILS :

Naam van mediesefonds / *Medical aid name* : _____ Plan/Option : _____

Mediesefonds nommer / *Medical aid number* : _____

HOOFLID VAN FONDS SE BESONDERHEDE / MAIN MEMBER OF MEDICAL AID DETAILS (PERSOON VERANTWOORDELIK VIR REKENING/PERSON RESPONSIBLE FOR ACCOUNT)

Volle naam en van / *Full name and surname* : _____

ID – nommer / *ID number* : _____

Telefoonnommer / *Telephone number* : (H) _____ (W) _____

Selffoonnommer / *Cellphone number* : _____

Woonadres / *Residential address* : _____

Posadres / *Postal address*: _____

_____ Poskode / *Postal code*

E-pos adres vir rekening/verslag doeleindes NB! / *E-mail Address for account/report purposes:NB!*

Werkgewer / *Employer* : _____

Werksadres / *Work address* : _____

BESONDERHEDE VAN PASIËNT / PATIENT DETAILS : Afhanklike nr. / *Dependant no.* _____

Volle naam en van / *Full name and surname* : _____

ID – nommer / *ID number* : _____

(Verskaf geboortedatum as ID nr. nie beskikbaar is nie / *Provide date of birth if ID no. is not available*)

Telefoonnommer / *Telephone number* : (H) _____ (W) _____

Selffoonnommer / *Cellphone number* : _____

Verwysende dokter / *Referring doctor* : _____

**BESONDERHEDE VAN NAASBESTAANDE WAT NIE BY U WOONAGTIG IS NIE /
DETAILS OF NEXT OF KIN, NOT LIVING WITH YOU (Vir skuld
invorderingsdoeleindes / For debt collection purposes)**

Naam en Van/Name and Surname: _____

Adres/Address: _____

Telefoonnr./Telephone no: (Sel/Cell) _____ (W) _____

**TOESTEMMING TOT FINANSIËLE AANSPREEKLIKHEID VAN FISIOTERAPIE
REKENING / CONSENT TO FINANCIAL RESPONSIBILITY OF PHYSIOTHERAPY
ACCOUNT.**

Ek die ondergetekende, verklaar hiermee dat ek / *I the undersigned, hereby declare that I:*

- Aanvaar **volle finansiële verantwoordelikheid** vir my fisioterapierekening by **Jacoline Scott Fisioterapeute Ing.** totdat dit ten volle vereffen is, selfs al het ek 'n mediese fonds. (Ons raai u aan om u mediese fonds te kontak en te bevestig of enige voordele vir fisioterapie behandeling beskikbaar is sowel as die bedrag wat beskikbaar is.) / ***Accept full financial responsibility for my physiotherapy account at Jacoline Scott Physiotherapists Inc. until it is settled in full, even if I have a medical aid. (We advise you to contact your medical aid and confirm whether you have any benefits for physiotherapy treatment as well as the amount available).***
- Ek verklaar hiermee dat alle persoonlike en finansiële inligting wat ek verskaf, waar en korrek is en dat ek Jacoline Scott Fisioterapeute Ing. binne twee weke sal verwittig, sou enige van my inligting verander. / *I hereby declare all personal and financial information given as true and correct and that I will inform Jacoline Scott Physiotherapists Inc. within two weeks, should any of my information change.*
- Ek verstaan die faktuur/heffings prosedures van Jacoline Scott Fisioterapeute Ing. as volg / *I understand the billing procedures of Jacoline Scott Physiotherapists Inc. as follows:*
 1. Fooie word gehê per modaliteit gebruik tydens elke behandeling en 'n maksimum van vier behandelingskodes per toestand behandel sal gehê word tydens 'n behandeling, met die uitsluiting van evalueringskodes en voorraad gebruik. / *Fees are charged per modality used during every treatment and a maximum of four treatment codes per condition treated will be charged, excluding evaluation codes and stock.*
 2. Behandelingskode-beskrywings word gebruik soos saamgestel deur die

Suid Afrikaanse Fisioterapie Vereniging (SASP). / *Treatment code descriptors are used as compiled by the South African Society of Physiotherapy (SASP).*

3. Mediesefonds tariewe sal gehef word, soos jaarliks deurgestuor aan Datamax deur elke mediesefonds. / *Medical aid fees are charged, as sent to Datamax annually by each different medical aid.*
4. Eise sal namens u na u mediesefonds gestuur word, mits u mediesefonds elektroniese eise (EDI) aanvaar. Let wel: Indien u nie toestemming aan ons verleen om u inligting (insluitend ICD-10 kode) beskikbaar te stel aan u mediesefonds / versekeraar / befondser nie, sal hierdie reëling as nietig verklaar word en u rekening as 'n privaot rekening hanteer word / *Claims will be submitted on your behalf to your medical aid, should they accept electronic claims (EDI). Please note: Not giving consent to release your information (including ICD-10 code) to your medical aid/insurer/funder will void this arrangement and your account will be handled as a private account.*
5. Die praktyk sal nie in enige dispuot of korrespondensie tussen pasiënt en mediesefonds betrokke raak nie. / *The practice will not enter into any disputes or correspondence between patient and medical aid.*
6. **Ek aanvaar aanspreeklikheid vir die koste van behandeling indien ek as pasiënt of my afhanklike nie betyds vir behandeling opdaag nie, of afspraak nie betyds kanselleer** by kantore in persoon of telefonies nie (kansellasië per SMS, ander elektroniese medium of e pos is nie aanvaarbaar nie) en wel **minstens twee ure voor die geskeduleerde afspraaktyd** – in hierdie geval sal ek aanspreeklik gehou word vir die betaling van die behandeling / ***Patients not arriving in time for their treatment, or not cancelling appointments at said offices in person or telephonically (cancellation via SMS, other electronic medium or e mail is unacceptable) at least two hours in advance (before appointment time scheduled) will be held liable for payment of that treatment.***
7. Rekening kan betaal word via 'n elektroniese oorplasing, per tjek of kontant. Kaart fasiliteite is nie beskikbaar nie. / *Accounts may be paid via an electronic fund*

transfer, cheque or cash. Card facilities are not available.

8. Regsaksie kan geneem word indien rekeninge **nie vereffen word binne 'n redelike tydperk (ongeveer een kalendermaand)** nie. In ons diskresie, mag rente gehef word op uitstaande rekeninge teen 2% per maand. Indien regstappe geneem word as gevolg van die versuim om enige uitstaande bedrae betyds te betaal, sal die pasiënt of verantwoordelike persoon aanspreeklik wees vir die betaling van alle verwante regskoste, op die skaal soos tussen prokureur en kliënt, insluitende invorderingskommissie en rente. / *Legal action can be taken should **accounts not be settled within a reasonable period (approximately one calendar month)**. In our discretion, we may charge interest at 2% per month on outstanding amounts. In the event of legal action being instituted as a result of failure to pay any outstanding amounts timeously, the patient or responsible person will be liable for payment of all related legal fees on the scale as between attorney and client, including collection commission and interest.*

- Ek verstaan die voorwaardes en implikasies van die bogenoemde prosedures en **sal Jacoline Scott Fisioterapeute Ing. kontak indien ek onseker is oor enige aspek van my rekening of behandeling** / *I do understand the conditions and implications of the above and will contact Jacoline Scott Physiotherapists Inc. if I am uncertain about anything regarding my account or treatment.* Ek verklaar dat hierdie toestemming nie onder dwang gemaak is nie. / *I declare that this consent was not made under duress.*

Handtekening: Persoon verantwoordelik vir rekening/

Signed: Person responsible for account

Datum /

Date

INGELIGTE TOESTEMMING TOT FISIOTERAPIEBEHANDELING BY JACOLINE SCOTT
FISIOTERAPEUTE ING./ INFORMED CONSENT TO PHYSIOTHERAPY TREATMENT AT
JACOLINE SCOTT PHYSIOTHERAPISTS INC.

Ek die ondergetekende, verstaan en verklaar dat / *I the undersigned, understand and declare that:*

- Ek tydens die behandeling en evaluering **moontlik spesifieke liggaamsdele mag ontbloot** en ek verstaan dat ek mag weier om dit te doen, indien en wanneer ek ongemaklik voel om dit te doen. / *During the treatment and evaluation I **might need to uncover specific body parts** and I understand that I may refuse to do so if and when I do feel uncomfortable in doing so.*
- Die fisioterapeut sal nodig hê **om my aan te raak** ten einde effektiewe behandeling te verskaf en dat ek die fisioterapeut sal inlig indien en wanneer ek ongemaklik voel. Ek self, of die fisioterapeut, mag ook versoek dat 'n chaperone behandeling bywoon. / *The physiotherapist will **need to touch me** in order to provide effective treatment and that I will inform the physiotherapists if and when I feel uncomfortable in doing so. I myself, or the physiotherapist, may request a chaperone during treatment.*
- **Dit is my reg om hierdie toestemming ter eniger tyd of vir 'n spesifieke prosedure of modaliteit te onttrek.** / *It is my right to **withdraw this consent at any time or for any specific procedure or modality.***
- Ek is in kennis gestel van die **voordele en risiko's van die toepaslike prosedures** en modaliteite soos gekies deur die fisioterapeut vir my behandeling. Ek is in kennis gestel van alternatiewe prosedures en modaliteite. Ek is bewus van die feit dat my liggaam anders op behandeling mag reageer as ander pasiënte. / *I have been informed of the **benefits and risks of the appropriate procedures** and or modalities selected by the physiotherapist for my treatment. I have been informed of alternative procedures and modalities. I am aware that my body might react different to treatment than others.*
- Ek verstaan die prosedures en moontlike potensiële komplikasies van my behandeling en ek het die geleentheid gehad om my **diagnose en behandeling te bespreek** met die fisioterapeut sowel as om vrae te vra. / *I understand the procedures and possible potential complications and I had the opportunity to **discuss diagnosis and treatment** with the physiotherapist and to ask questions.*
- Ek gee toestemming vir fisioterapie prosedures en modaliteite wat op myself/ my afhanklike uitgevoer word onderworpe aan die fisioterapeut se neem van toepaslike voorsorgmaatreëls. / *I hereby consent to physiotherapy procedures and modalities that will be performed on me/ my dependent subjected to the physiotherapist taking relevant precautions.*
- Die fisioterapeut kan my behandeling regime verander indien nodig: onderworpe aan die fisioterapeut se vooraf bespreking van die verandering in die behandeling met my. / *The therapist may change my treatment regime if necessary: subjected to the physiotherapist discussing the change in treatment with me.*

- **Ek sal die raad van die fisioterapeut volg en verstaan my verantwoordelikhede as 'n pasiënt:** Om behandeling en rehabilitasie prosedures te volg, om na my gesondheid om te sien, om die regte van ander pasiënte en gesondheidswerkers te respekteer, om die gesondheidsorg stelsel nie te misbruik nie en om akkurate mediese geskiedenis en inligting te verskaf aan die fisioterapeut. Indien ek hierdie verantwoordelikhede nie nakom nie of nie my kursus van behandeling voltooi nie, vrywaar ek die fisioterapeut van regs aanspreeklikheid rakende my behandeling. / ***I will follow the advice from the physiotherapist and understand my responsibilities as a patient: To follow treatment and rehabilitation procedures, to take care of my health, to respect the right of other patients and health providers, to utilize the health care system properly and not to abuse it and to provide accurate medical history and information to the physiotherapist. Should I refrain from these responsibilities or not complete my course of treatment, I release the physiotherapist from legal liability regarding my treatment.***
- Ek sal alle personeel by Jacoline Scott Fisioterapeute Ing. behandel met waardigheid en respek. / *I will treat all personnel at Jacoline Scott Physiotherapists Inc. with dignity and respect.*
- **Ek sal my afspraak ten minste 2 ure voor die geskeduleerde tyd kanselleer indien ek dit nie kan bywoon nie om betaling van die afspraak te vermy / I will cancel my appointments at least 2 hours prior to the scheduled time in order to avoid paying for the appointment.**
- Ek sal die praktyk kontak indien ek onseker voel oor my behandeling, diagnose, tuisoefeninge, tuisraad of rekening / ***I will contact the practice in case of uncertainty regarding my treatment, diagnosis, home exercises and advice or account.***

Alle inligting voorsien aan en gegenereer deur Jacoline Scott Fisioterapeute Ing. sal vertroulik hanteer word. / *All information provided to and generated by Jacoline Scott Physiotherapists Inc. will be kept confidential.*

Ek gee hierdie toestemming vrylik en verklaar dat dit nie gedoen is onder dwang nie. / I give this consent freely and declare that it was not made under duress.

Handtekening : **Pasiënt** / Voog

Signed: **Patient** / Guardian

Datum

Date