

# PATIENT DETAILS

(and basic standard terms of contract)

TITLE: \_\_\_\_\_

FIRST NAMES & SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ID Number: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE - HOME: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## **EMPLOYMENT DETAILS:**

OCCUPATION: \_\_\_\_\_

COMPANY: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE WORK: \_\_\_\_\_

## **MEDICAL AID DETAILS**

SCHEME: \_\_\_\_\_ Plan: \_\_\_\_\_ No: \_\_\_\_\_

Dependant Code: \_\_\_\_\_

## **DETAILS OF PERSON ACCOUNTABLE**

TITLE: \_\_\_\_\_

FIRST NAMES & SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

## **ONLY COMPLETE THIS SECTION IF DETAILS ARE DIFFERENT FROM ABOVE**

POSTAL ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COMPANY: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_


I the undersigned do hereby confirm and agree that:

1. In the event that my medical aid (if any) fails to pay any amount due punctually, in full or at all, I will pay such amount forthwith upon demand.
2. I am aware that non payment may cause my name to appear on a central blacklist, thus influencing my credit worthiness in the future.
3. Should it become necessary to institute legal proceedings against me for recovery of any amount due I agree to pay all costs on the scale as between attorney and own client including tracing fees and collection commission.
4. The amount due in terms of this agreement will be payable upon collection.
5. Collection must be effected within seven (7) days of written notice addressed to the patient's (client's) *domicillium citandi et executandi* failing which the goods deemed to have been collected and the full amount being due, owing and payable, despite the non-collection.
6. The patient's (client's) chosen *domillium citandi et executandi* shall be the address as reflected and specified in the space provided therefore.

How did you hear about us?

- Friend       Doctor       Website  
 Family       Yellow Pages  
 Newspaper       Facebook

Please tick this box if we may NOT send you occasional communications

 Please 'Like' us on Facebook (Steve Trimby Optometrists) so that you are updated with any promotions we may have.

All the above information is complete and correct.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_