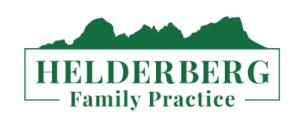
## Dr Caterina "Rinky" Vamvadelis

MP0527459 PR0268313



## Dr Deidré Reed MP0472743 PR0035718

## Person Responsible for Account / Main Member Details

Title:	_ Initials	s: Preferred nar	ne:			
		ne:				
ID/Passpoi	t no: _		Date	e of Birth:	/	
Tel: (C)		(H) _		(W	)	
Email Addı	ess:					
Home Add	dress: _				Code:	
Employer: Occupation:						
		Private Pat	ient / Member Me	edical Aid		
Medical Ai	d Schei	me:	Medical	Aid No:		
Plan:		Option: _		Deper	ndant Code:	
		Same As	s Above / Patient I	<u>Details</u>		
Title:	Initia	ls: Patient rela	ationship to main m	ember:		
Name & S	urname	& (Preferred Name):				
ID/Passport no:Date of Birth:/						
Tel: (C)		(H) _	(H) (W)			
Email Addr	ess:					
					Code:	
Employer:	nployer: Occupation:					
			Dependants			
Dependant Code	Title	Full Names	ID / Date of Birth	Cell Number	Email address	

## Next of Kin (Emergency Contact – Not Living With You)

ame	& Surname:	Relationship:	
ontact No:		Home No:	
nail	Address:		
ddre	ess:	Code: _	
		Terms and Conditions of Service	
1.	contractually bound to the doctors.	ofessional services is between the doctors and yourself/family. Medical aids a lt therefore remains your responsibility to follow up on your account and to se already done so by your medical aid.	
2.		I immediately, unless being submitted to medical aids for processing.	
3.	Should an invoice remain unpaid for	or a period of 90 days from date of service, the matter will be handed over for of collection will be for your account and will be charged in accordance with the	
4.		of any changes to your contact details, and particularly the address where you dother written correspondences (domicilllium citande et executandi).	u agree to
5.	Booked appointments that are <b>not</b> covered by medical aid and will be	<b>cancelled within 2 hours</b> of the appointment may be charged a fee. This fee for your account.	e is not
6.		t containing the ICD-10 diagnosis codes will be provided by this practice. I aud with my personal medical information for the purposes of administering clair	
7.		cords if they have been inactive for longer than 6 years (adults) or in minors, a d the patient file been dormant for the preceding 6 years.	after
8.	Protection of Personal Information with whom Dr C Vamvadelis & Dr	ereby consent to the processing of my personal information contemplated in the Act No 4 of 2013, by Dr C Vamvadelis & Dr D Reed, the practice staff and this D Reed have a contractual relationship with for the following purposes: e in terms of a doctor and patient relationship	
		contractual relationship between myself and Dr C Vamvadelis & Dr D Reed	
		r persons in as much as it relates to my treatment and management	
	<ul> <li>Communicating with third</li> </ul>	parties who have undertaken to indemnify me for the costs of my treatment a cof, including all medical schemes and their administrators where relevant	nd
De	claration by patient/parent/guardian		
		and conditions of service as set out in this agreement.	
I co	onfirm that the information given ove	leaf is correct.	
Na	me:	Signature:	
Da	te:	Witnessed:	