



DRS CL & ME LANDMAN INC.
ALGEMENE PRAKTISYNS / GENERAL PRACTITIONERS
WELKOM BY ONS PRAKTYK / WELCOME TO OUR PRACTICE

Patient copy of Terms and Conditions:

1. To the best of my knowledge the above information is true and correct.
2. I authorize the practice to present for payment to the medical aid scheme any amount owed to the practice in respect of myself or the patient.
3. I understand that it remains my duty to ensure that all accounts are received by the medical aid scheme timeously. The practice will incur no liability in instances where accounts are not submitted to the medical aid scheme timeously.
4. I also authorize Drs CL & ME Landman Inc. to release any information required to process my claims.
5. I have acquainted myself with all the terms and tariffs applicable and have noted that:
 - a. The terms and a copy of the tariffs applicable to private patients are available from reception;
 - b. The terms and tariffs for patients covered by medical aid schemes vary. I understand that I must communicate directly with my medical aid scheme for the applicable tariffs.
6. I undertake, in the event of an account being unsettled for any reason and being referred to attorneys and/or collection agency for collection, to be jointly and severally liable for the payment of all legal costs on an attorney and own client scale, all collection commission and all tracing costs. All outstanding amounts will be recovered in the following order: attorney fees, collection agency fees, collection commission, tracing fees, interest and lastly capital.
7. I hereby warrant that (if applicable):
 - a. The patient is a bona fide member of the medical aid scheme mentioned herein and his/her membership is valid at the date of the signing of this agreement; or
 - b. I am a bona fide member of the medical aid scheme mentioned herein and my membership is valid at the date of the signing of this agreement, and the patient is a bona fide dependent in terms of such membership; and
 - c. I have not been sequestrated and do not suffer from any legal or contractual disability.
8. I choose as domicilium citandi et executandi the address detailed on the front page of this application form.
9. I confirm that the practice may provide a credit bureau with all information regarding these conditions and any non-compliance with the terms thereof by me. I also confirm that the credit bureau may supply a credit profile and a possible credit rating based on my credit worthiness to the practice.
10. No alteration or deletion of any part of this document will be effective unless the practice has signed and dated each variation or deletion.
11. I consent that my contact details as provided may be used to send me statements of accounts, contact me or send me notifications if and when deemed necessary by the practice.
12. I confirm that:
 - a. I affixed my signature hereto willingly and without any duress;
 - b. I agree to these conditions; and
 - c. No misrepresentation with regards to the content hereof has been made.
13. I acknowledge receipt of the following policies:
 - a. Medipark Info Sheet
 - b. Copy of the above Terms and Conditions of Drs CL & ME Landman Inc.