



Drs. CL & ME Landman Inc.

Algemene Praktisyns | General Practitioners

Welkom by ons Praktyk | Welcome to our Practice

Medipark info

(012) 661-5528

info@medipark24.co.za

PR 0091235

www.medipark24.co.za

Mission:

To always render a friendly, affordable, one-stop service - 24 hours a day, 7 days a week. We are small enough for every individual, but big enough for all your medical needs.

Vision:

We want to be known for our committed, effective and personal health service to all members of the community. To uplift the Lord in everything we do, through example and compassion.

Dispensary

- All medicine items are payable immediately. An admin fee is charged on accounts not settled immediately
- If medication is ordered telephonically, it must be collected within 48 hours
- Scheduled medication can only be obtained with a written prescription
- Dispensary staff are on duty from 07h00 – 21h00
- Chronic scripts are only valid for 6 months, after which a doctor must be consulted
- Chronic prescriptions must be collected between 08h00 and 20h00 on weekdays only

Services at Medipark

- 24 Hour On-Site Doctors
- Medication
- Nursing Services / Baby Clinic
- Travel Clinic and vaccinations
- Annual Physical Examinations
- Insurance Medical Examinations
- 24 Hour Blood Pressure Monitoring, ECG's, Lung Function Tests
- Minor theatre procedures, i.e. circumcisions and vasectomies

Appointments

- Always make an appointment – one appointment per patient
- Mention any special appointments i.e. completion of forms, ECG's, excisions, pap smears, procedures, etc.
- All documentation must accompany you to insurance consultations, and you must always complete the necessary parts for which you are responsible
- Complete annual medical/insurance examinations and special procedures will only be done Monday- Friday from 08h00 – 16h00
- Always report to reception. Tell the staff if you are not feeling well
- Always bring your medical aid card along, otherwise your account will be handled as private
- Emergencies will be attended to as soon as possible. Please notify the practice that you are on your way, so that the necessary arrangements can be made
- The doors to the practice are locked at night for security reasons – patients must ring the bell for service. If possible, phone the practice beforehand
- When making an appointment with the nursing staff, please notify reception of the type of service you require
- A fee will be charged for after hours and unscheduled consultations. After hour times: Mon – Fri 20h00 – 07h00, Sat 13h00 – Mon 07h00, as well as public holidays
- After 20h00 – first-come, first-served

It is your responsibility to phone your doctor for your blood results

Credit Policy

- Payments can be made 24 hours per day, although the accounts department is only available during office hours
- All services to private patients are payable immediately
- All changes of address, contact details or medical aid must be done in writing at reception. Always bring your medical aid card along
- Even though a patient is a member of a medical aid, the account remains his/her responsibility.

Always make sure that your account is paid

- All accounts older than 120 days will be handed over for collection. ITC traces will be done on accounts. All costs will be your responsibility
- Interest is charged on outstanding accounts
- ICD-10 codes relating to the diagnosis will be forwarded to the Medical Aid
- Account communications will be done via telephone, SMS and e-mail

Additional services

X-Rays	012 655 0944
Pathologists	012 661 0905
Dentists	012 661 7137
Physiotherapists	012 661 6545 or 012 661 8013
Dietician	074 342 0986
Psychologist	082 317 3407

Please turn over | Blaai asseblief om



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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 sequestered 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.