

Van der Merwe Physiotherapy, Registered Physiotherapist

Agreement with patient and/person responsible for payment

Appointments: Kindly whatsapp or sms 082 608 0474 or phone 011 568 7669 for an appointment. Bookings are made by appointment.

e-mail: VanderMerwe.Physio@gmail.com

Welcome to our private physiotherapy practice. **We charge private fees. My private rates for private patients are available on request.**

If you would like me to claim from your medical aid, my private practice's rate for you will be your medical aid's rate as loaded on the Panacea medical claims program. I can only work with your medical aid if your plan covers physiotherapy. Patients will remain responsible for payment should their medical aids reject the claim for whatever reason. **Patients who supply incomplete or incorrect details or who are in their self-payment gaps will have to pay the full medical aid fee** on rejection of the first submission to your medical aid, even if your medical aid's rate is more than my private rate. This is a fee for service practice. **Kindly settle your account directly after** your treatment unless you have made other arrangements with the physiotherapist. Kindly note that you are legally required to **update your details** with this practice if your address or personal details change.

The Patient's details:

Title: _____ Full First Names: _____ Initials: _____

Surname: _____ Nickname/Name (How you prefer to be addressed: _____

Date of Birth (Essential): _____ Age: _____ Number of next of kin: _____

Identity Number: _____ Passport No. for Non -S.A. Citizens _____

Cell no: _____ Home No: _____ Work No: _____

E-mail address: _____

Postal Address: _____

Residential Address: _____

Occupation: _____ Employer: _____

Medical Aid Name: _____ Plan/Option: _____

Medical Aid number: _____ Dependent Number: _____

The Main Member of the Patient's Medical Aid (Only if not same as Patient):

Main Member Title: _____ Full First Names _____ Initials: _____

Surname: _____ Nickname/Name (How you prefer to be addressed: _____

Date of Birth (Essential): _____ Occupation: _____ Employer: _____

Identity Number: _____ Passport No. for Non -S.A. Citizens _____

Cell no: _____ Home No: _____ Work No: _____

E-mail address: _____

Postal Address: _____

Residential Address (if not same as patient): _____

Housekeeping:

How did you hear about this practice or **who referred you?** _____

May I send a report of your physio progress to your referring doctor or phone him/her regarding your progress? Yes/No__ If yes, please provide your doctor's name and number: _____

Would you like Van der Merwe, Physiotherapy practice to claim directly from your medical aid for treatments done?

Yes/No _____

Please note that **private patients** (not having the practice claim on their behalf) **must please pay directly after the treatment.**

Private patients who want to claim back from their medical aids themselves must add their medical aid details on the account themselves, as the Panacea program does not always allow medical aid details to be put up for patients marked as private patients in line with new trends.

If you opted to have the practice claim on your behalf, please note that your **physio can not and will not give the impression that your medical aid will settle this account**. If your details are insufficient for a claim, the invoice will be immediately payable by yourself. **Claiming for you from medical aid will imply that we send through information regarding your personal details**, date of treatment, appropriate coding (according to the South African Society of Physiotherapy (SASP) and Board of Health Funder tariff codes), ICD10 coding regarding your diagnoses and details of your condition and treatment, to your medical aid. We will use your specific medical aid's advertised rates per procedure code as loaded by the Panacea medical claims program which may differ (be more than or less than) from this practice's private rates. **Please consult your medical aid's own website to confirm what rates they will cover**. You confirm by opting to be a medical aid patient that you will still pay any amount rejected by your medical aid and that should you go through a self-payment gap, you will remain liable for your medical aid's fees as claimed by the practice, even though it may be a higher rate than for our private patients. Claims will only be submitted to medical aid once, and if rejected, will be immediately payable by the patient or person responsible for payment. Please take note that some medical aids pay out much higher amounts for a first treatment of physiotherapy to motivate proper assessments to be done by the physiotherapist, and to pay less for ongoing treatments. Should your medical aid reject a first treatment session it may/may not be much higher than our private rate, and the **patient will have to pay the claimed medical aid amount** that the medical aid did not cover. We reserve the right to charge private fees, especially if your medical aid's rates are less than our private fees. **If the claim is not settled in full, the patient must pay the balance as soon as he/she received the invoice.**

All Injury on Duty (IOD/WCA) patients will be treated as private patients and the patient/ his or her employer must kindly pay directly after the consultation.

This practice uses Business **Whatsapp, sms or signal and telephonic** and e-mail communications.

Invoices are sent via the online Panacea program, and it uses e-mail. Your personal and billing information and some details regarding your condition and treatment is stored on the practice's Panacea program which is an interactive program run by Datamax and which can communicate via electronic messaging systems with your medical aid should a claim get sent through or payment be allocated. It is protected by a password on a computer system with another password. Legal authorities may request access to such data, which this practice will not be able to deny. Efforts will be made to inform you should the practice be aware of this. **By signing below you give consent to Van der Merwe, Physiotherapy Practice to use these types of communication methods** with you and your medical aid in order to communicate regarding your or your ward's physiotherapy, claims, invoices, bookings and notifications and for all communication necessary during the normal course of a physiotherapy practice's endeavours, and for your information to be stored on Panacea. Unless specific instructions are noted here regarding your information, the above consent is implied in your request for treatment and claiming from medical aid or for supplying you with your private invoice.

Physiotherapy often involves that you may be physically touched by the physiotherapist. If you are uncomfortable with any touch or procedure at any point during your treatment, please tell the physiotherapist so.

It remains the patient's or guardian's responsibility to settle all the outstanding amounts for physiotherapy, regardless of whether a claim was sent to your medical aid or not. If your medical aid does not settle in full, the outstanding amount is still for immediate settlement by yourself as soon as you become aware of the fact. **It is your responsibility to check what your medical aid will cover** in terms of physiotherapy and what not. **It is the patient's/guardian's responsibility to send a claim through to your medical aid** should you want to be refunded by your medical aid – kindly check with the provider of physiotherapy or with your medical aid if a claim was submitted on your behalf. **The physiotherapist will send through a claim, once off, as a courtesy to the patient, only if the patient opted to be a medical aid patient.**

Private patients who are on medical aid and who fail to pay timeously, hereby give permission to the practice to submit a claim to their medical aid in case of non-payment by the person responsible for payment. Please **settle immediately after the treatment via credit or debit card, or an electronic bank transfer (EFT)** on the same day of receiving the invoice, directly to this practice. Banking details are available on request. **An invoice and statement will be e-mailed to you.**

By signing below I as patient and/ person responsible for payment undertake to pay all fees related to my or my ward's physiotherapy treatment immediately after receiving an invoice and I am aware that failure to settle immediately could result in interest being incurred at a rate of prime plus 3%. I undertake to pay all legal fees for debt collecting should I not settle timeously, e. g. within 30 days of treatment. I consent to my details being supplied to a third party for debt collecting should I fail to make payment. Such third party may be appointed by the practice's sole discretion, and may be escalated to an official debt collector or lawyer's firm, incurring more costs to the patient. Legal fees will be charged at an attorney to client's scale as determined by a private attorney in the unfortunate event of the patient or person responsible for the account failing to fulfil their financial obligations with regards to their physiotherapy treatment with this practice.

Signed for permission to treat the above patient and taking responsibility for payment to Linda van der Merwe, Physiotherapy practice, BramFISCHER medical Suites, BramFISCHER shopping centre, Randburg, on this _____ day of _____ 2023,

By  (Please sign your consent here - Signature of patient and/guardian.)

Full name and surname of person that signed above: _____.

- Please communicate to your physiotherapist regarding your condition or treatment before, during or after the day of treatment. Please do not tolerate excessive heat, pain or discomfort during your treatment without mentioning it to your physiotherapist.
- This practice encourages a team approach – you are welcome to also consult with your doctor or other specialists regarding your health or condition. Their input would be appreciated.
- Kindly take an active part in your treatment by completing your course of physiotherapy treatment, doing your home exercises and making healthy choices regarding your treatment.

Van der Merwe, Registered Physiotherapist

For Minor patient:

In case of a minor over 12 years of age, the minor patient's consent to being treated by the physiotherapist at Van der Merwe, Physiotherapy:

_____ (Signature of minor).

Full name of the above signing minor:

_____.

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Other Parent or Guardian:

In case of a minor, the **other parent's consent** for the minor to undergo treatment with physiotherapy by the physiotherapist at Van der Merwe, Physiotherapy, Suite BF105A, BramFISCHER Medical Centre, BramFISCHER Shopping Centre, Ferndale, Randburg.

Signature: _____ (Parent)

Full names of

Parent/Guardian: _____

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For patients who may need assistance to consent to treatment when main member is not present:

For patients older than 18 years of age with mental challenges who may not legally be able to give consent to be treated by a physiotherapist:

Accompanying person having the legal capacity to consent to treatment on behalf of the patient and person responsible for payment:

_____ (Signature.)

Full names of person above taking responsibility for payment should the main member not settle the account:

Capacity/ Relationship to Patient: _____

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Where a translator is taking the legal responsibility to accurately translate:

Full names of translator: _____.

Signature of translator confirming patient's and person responsible for treatment's consent to treatment: _____