

## Patient Registration Form

### Patient Information:

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID/Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cellphone number: \_\_\_\_\_ Email: \_\_\_\_\_

General Practitioner (GP) name: \_\_\_\_\_

General Practitioner (GP) contact number: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Contact number: \_\_\_\_\_

### Personal Responsible For The Account:

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cellphone number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Medical Aid Details:

Medical Aid Name: \_\_\_\_\_ Plan: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_ Dependent code: \_\_\_\_\_

Main Member: \_\_\_\_\_

**Specialist Dermatologist**

Practice Number 0120000764132 | MPR 01448 / MP0726893

 +264 81 61 227 220 | +264 81 6157 279 | +264 81 6157 288 (Emergencies)  +264 61 227 223  info@skininstitute.com.na

 Medical Suite 2 - Akwamaryn Medical Centre, 9 Akwamaryn Street, Eros Park, Windhoek

www.skininstitute.com.na

## Terms and Conditions

I, \_\_\_\_\_ (Person responsible for the account) hereby agree as follows:

1. I am liable for the payment of all medical services provided by Dr. Roxanne de Silva (the doctor) to the patient, whether I myself am the patient or I am paying on behalf of the patient.
2. I will pay the minimum fee for a basic consultation. Complicated consultations requiring more time or any procedures will be added to the minimum fee. There will also be a charge for repeat scripts.
3. It is acknowledged that the doctor's tariffs for consultations, procedures, as well as other miscellaneous consultative services, are approximately 2-3 (two to three) times more than the Namibian Association of Medical Aid Funds (NAMAF) benchmark tariffs.
4. In the case of medical aid cover, then the amount the scheme is prepared to reimburse will be claimed for by the Skin Institute (provided there are patient benefits available) and an administration fee is payable upfront by me.
5. In the case of private patients or in the event that any relevant medical aid benefits have been exhausted, to settle the doctor's account in full immediately after the appointment.
6. A receipt and a statement will be issued on payment of the account.
7. Failure to settle any account presented to me within 30 (thirty) days will result in the account being handed to our attorneys for the collection thereof. In addition to the account, I will be liable for all additional costs that this may incur, including collection commission and tracing costs.
8. Any specimens taken for analysis will be sent to a laboratory or pathologist. The cost for analysis of the specimens are not included in the consultation and I will be responsible to settle this with the 3<sup>rd</sup> (third) party.
9. Any equipment or consumables used during procedures, regardless of whether during the initial consultation, follow-ups or pop-ins will be billed for accordingly.
10. We require a minimum of 24 (twenty four) hours' notice for the cancellation of any appointments. A full consultation fee will be charged for any missed appointments or late cancellations.
11. Strictly one patient will be seen per consultation. A separate consultation should therefore be scheduled for any additional persons seeking the medical services provided by the doctor.
12. During a normal consultation the doctor will address your main complaint. If there are any additional complaints she will attempt to attend to a maximum of 2 (two) of those complaints within the time allocated for the consultation should this be possible. In the event that it is not possible, owing to any reason whatsoever, another consultation or a longer initial consultation must be scheduled in order for those additional complaints to be addressed.
13. I have read and understood the aforementioned terms and conditions.

\_\_\_\_\_  
SIGNATURE of Person responsible for the account

\_\_\_\_\_  
Date

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