

**All Non-South African Residents MUST please supply the address where they are residing whilst in South Africa in the HOME ADDRESS column
Please supply your address abroad in the POSTAL ADDRESS column.**

RADIOLOGISTS

MORTON & PARTNERS

Practice Number: 3803325

MAIN MEMBER OF MEDICAL AID			
Title:		Initials:	
Surname:			
Full Names:			
RSA ID Number:		DOB:	
Passport Number			
Home Address		Code:	
Postal Address		Code:	
Tel	[h]	[cell]	
	[w]	[fax]	
Email			
Preferred method of Communication:			
Tel [h]	<input type="checkbox"/>	Tel [w]	<input type="checkbox"/>
Fax	<input type="checkbox"/>	Cell	<input type="checkbox"/>
Email	<input type="checkbox"/>		

PATIENT DETAILS			
Title:		Initials:	
Surname:			
Full Names:			
RSA ID Number:		DOB:	
Passport Number			
Home Address		Code:	
Postal Address		Code:	
Tel	[h]	[cell]	
	[w]	[fax]	
Email			
Preferred method of Communication:			
Tel [h]	<input type="checkbox"/>	Tel [w]	<input type="checkbox"/>
Fax	<input type="checkbox"/>	Cell	<input type="checkbox"/>
Email	<input type="checkbox"/>		

EMPLOYER:
EMPLOYER'S ADDRESS
Code:

I have read the information on ICD 10 coding and have indicated my preference to the use of ICD10 codes for my Radiology Reports	CONSENT <input type="checkbox"/>
	DO NOT CONSENT <input type="checkbox"/>

MEDICAL AID DETAILS	
Medical Aid Name:	
Medical Aid Number:	
Type of Plan:	
Medical Aid Card Code:	Main Member <input type="checkbox"/> Patient <input type="checkbox"/>

Please be aware that confirmed medical aid benefits do not guarantee payment and is it your responsibility to obtain authorization for a procedure if required by your medical aid, even if we assist in this regard.

You will be held responsible for any payment shortfalls.

DO YOU REQUIRE A VAT INVOICE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE PROVIDE YOUR VAT REG. No:		

CONTACT NAME OF A RELATIVE OR FRIEND _____
CONTACT TELEPHONE NUMBER OF A RELATIVE OR FRIEND _____

PLEASE NOTE:

(i) PRIVATE PATIENTS are required to settle their account on the day of their examination. (ii) MEDICAL AID PATIENTS who are NOT COVERED for outpatient radiology procedures OR who are on a HOSPITAL PLAN ONLY are required to settle their account on the day of their examination.

Notwithstanding any Medical Aid Society or other organisation's undertaking, I acknowledge personal responsibility for payment of this account.

In the event of non-payment, I shall be liable for all legal costs of recovery on the attorney and own client and interest on the overdue amount calculated at the prime overdraft rate

PRINT NAME	SIGNATURE	DATE
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