

PATIENT INTAKE FORM



DU PREEZ &
ASSOCIATES
PSYCHOLOGISTS

Please read and complete the following form prior to your first consultation.
Any uncertainties can be addressed during your first consultation.

PATIENT INFORMATION

Title: _____ Initials: _____ Full Name: _____

Surname: _____

ID Number: _____ Age: _____ Gender: _____

Contact No. (personal): _____ Contact No. (alternative): _____

Email Address: _____ Occupation: _____

Marital Status: _____ Home Language: _____

Home Address: _____ Work Address: _____

I hereby confirm that the practice can communicate with me to convey information regarding appointments, accounts and general information: Yes No

Please indicate your preferred method of communication:

Call: Email: SMS: WhatsApp:

PERSON RESPONSIBLE FOR THE ACCOUNT

(Only complete if information is different to the above. Non-completion indicates the patient is responsible for the account).

The person responsible for the account will remain responsible for payments in the event of non-payment or short-payments by the medical aid. It remains the responsibility of the patient/person responsible for account to ensure that their medical aid has sufficient savings to cover costs of sessions.

Sessions not attended, or not canceled within 24 hours, are not covered by medical aids and will remain the responsibility of the patient/person responsible for the account.

In the case of a child or minor being the patient, or a person being sponsored, the parent or person responsible should complete the section below. A third party who is responsible for the account, will need to complete a payment consent form.

Riette du Preez
Owner & Clinical Psychologist
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HPCSA: PS0116963
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079 325 7399

Lauren Marsden
Clinical Psychologist
PR: 0679801/0494186
HPCSA: PS0129445
lauren@linden-psychologist.co.za
064 683 2710

PERSON RESPONSIBLE FOR THE ACCOUNT

Title: _____ Initials: _____ Full Name: _____

Surname: _____ Occupation: _____

ID Number: _____ Gender: _____

Cell Number: _____ Home Number: _____

Work Number: _____ Email Address: _____

Home Address: _____ Place of Work: _____

PAYMENTS AND CLAIMS TO MEDICAL AID

This practice only claims directly to Discovery Health for out-patients. For patient who are treated in-hospital, the practice will claim directly on behalf of the patient, using the hospital authorisation, irrespective of the medical aid to which the patient belongs. All contact sessions with the patient, including family meetings, careplan meetings, telephone consultations and individual sessions are claimed for according to medical aid rates. Hospital consultations and telephone consultations are billed according to time spent. Out-of-hospital sessions are billed according to the amount of time booked (usually an hour).

All medical aid claims are accompanied by a diagnostic code (ICD-10 code). You can refuse for such a code to be included in your statement/claim, without such a code your medical aid will not fund sessions claimed.

By signing this form, you acknowledge that the main member/person responsible for the account has agreed for the consultation to be claimed at medical aid rates to your medical aid. Any shortfalls or non payment by your medical aid will remain the responsibility of the person responsible for the account.

Should you not have a medical aid or opt to pay for your sessions in cash/via EFT, please note that the reduced cash rate will only apply for sessions settled **on the day** of the appointment. Sessions not settled on the day of appointment will be charged at regular medical aid rates (R997.10 per hour - 2020 rate).

Please indicate how you will be paying for your consultations:

The practice to claim directly from Discovery Health (provide details below)

R920 Cash/EFT **on the day** of consultation

Other: _____(only by prior arrangement with your therapist)

BANKING DETAILS:

R du Preez
FNB Cheque Account
Account No.: 62402680062
Branch Code: 254905
Reference: Patient Name & Surname

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If you intend to claim back for self-payments from your medical aid, please ensure you fill in your medical aid details below.

MEDICAL AID DETAILS

Medical Aid Name: _____ Medical Aid Number: _____

Plan Type: _____ Dependent Code: _____

Details of Main Member:

Title: _____ Initials: _____ First Name: _____

Surname: _____ ID Number/D.O.B.: _____

Contact No.: _____ Email address: _____

CANCELLATIONS

This practice has a 24 hour cancellation policy. In order to ensure our availability, we encourage patients to cancel their appointments within 24 hours if they are unable to attend. In the case of non-cancellation or when a patient does not arrive for a scheduled appointment, the full consultation fee will be charged. These fees are not paid by medical aid and will remain the responsibility of the person responsible for payments.

CONFIDENTIALITY

Information shared between you and your therapist, remains confidential. Your rights as a patient are protected by the regulations set out by the Health Professions Council of South Africa.

Confidentiality of all patient information is also obtained by administrative staff who deal with account-related queries. Your therapist will discuss the limits of confidentiality in the case where you may pose a risk to yourself/others or your health and safety. Confidentiality limits in terms of medico-legal requirements will also be discussed with you at your first consultation.

The practice will not release any verbal/written information without prior written consent from the patient/client. This includes reports/letters to third parties. You will be required to sign a release form before any information is made available to a third party. Third parties (e.g. lawyers, employers etc.) need to direct their request for information to the practice in writing.

NEXT OF KIN:

In case of emergency, please provide details of a family member/friend that the practice may contact. The practice may also contact this person should you be unavailable or if your account is unpaid.

Name: _____ Relationship to Patient: _____

Contact No.: _____ Email address: _____

TERMS & CONDITIONS OF THE PRACTICE

Please ensure that you pay specific attention to the following terms and conditions of this agreement. They require you to acknowledge the fact and limit the liability of Du Preez & Associates Psychologists

By signing this form, you acknowledge that you have understood and agree to the following:

- a) Where the patient is not the main member of their medical aid, you acknowledge that the main member has given permission for sessions to be claimed from your medical aid.
- b) Some medical aids require pre-authorisation and/or motivation prior to treatment. Pre-authorisation or scheme approval is, according to the medical aid, no guarantee of payment. You are responsible for obtaining pre-authorisations for sessions.
- c) It remains your responsibility to familiarise yourself with the benefits and terms and conditions associated with your chosen medical cover.
- d) The person whose signature appears on this form, remains responsible for the payments of any shortfalls in medical aid cover. You will be notified of any amounts owing to the practice by the practice manager and will be required to settle outstanding amounts within 7 days. Further sessions may be placed on hold in the event of non-payment.
- e) Should you opt for the practice to claim directly to your medical aid, it remains your responsibility to familiarise yourself with your medical aid's benefits, to ensure that you have sufficient funds available to cover claims and to check if you require pre-authorisation or motivation for your benefits to be activated. Should your medical aid claims be rejected, you will be held liable for the cost of consultations at the medical aid rate. All outstanding amounts will remain your responsibility.
- f) Although every attempt is made to resolve medical aid queries, it remains your responsibility, and not the practice, to contact and follow-up on unresolved queries or non-payments.
- g) If your medical aid is depleted, your account will be charged according to cash rates, if payments are made on the day of the appointment. Should you not inform the practice that your medical aid is depleted, or that you wish to convert to cash/EFT payments, you will still be charged at medical aid rates where the practice has already submitted claims on your behalf.
- h) In the event of special motivations or applications for PMB'S (Prescribed Minimum Benefits) for funding by your medical aid, the practice cannot guarantee approval or payment by your medical aid. You remain responsible for all payments until approval for funding by your medical aid is received. You are also responsible to ensure that PMB claims are correctly processed by your medical aid.
- i) For international clients or clients making use of off-site sessions via technology/conference calls/telephonic consultations, proof of payment for such sessions will be required on the day of consultation in order to benefit from the cash rate. The practice does not claim from international medical aids.
- j) Any payments made to Du Preez & Associates in foreign currency will be charged inclusively of the additional forex bank charge.
- k) Du Preez & Associates will not accept payment from a third party (such as a company or an individual paying on behalf of another) without a written, signed letter from the third party stating the amount of sessions that they have agreed to, what their expectations of the sessions would be (such as report) and a commitment to pay following each session or ahead of each session. Additional charges may occur due to report writing or administrative tasks that are linked to such payments. Including and not restricted to the costs incurred and time required to acquire requested documentation.
- l) Rates are charged according to the duration of the scheduled session or attended session if the latter surpasses the former.
- m) Medical aid rates are determined by the individual medical aids. It is your responsibility to familiarise yourself with your medical aid's rates. Medical aid rates are subject to annual increases. The practice reserves the right to increase their rates annually.
- n) The full applicable fee is payable for all consultations not canceled or met within 24 hours before the scheduled appointment date and you will be charged for consultations not met. Missed sessions are charged at the cash rate for 2019 of R870.
- o) Rescheduling of appointments in less than 24 hours before the scheduled session will be charged as a late cancellation, see point n).
- p) While the practice sends SMS reminders, the responsibility of keeping appointments is that of the patient. If a patient does miss or cancel a session in less than 24 hours, it will be charged for and not receiving an SMS reminder does not qualify as a valid excuse.

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TERMS & CONDITIONS OF THE PRACTICE (continued)

- q) Consultation fees are due on the day of the consultation by either electronic transfer or in cash.
- r) It remains your responsibility to inform the practice should you wish to change your method of payment from cash to medical aid or vice versa.
- s) After payment, you will receive a zero-balance statement via email from practice management following your session. You are responsible to submit this statement to your medical aid, should you wish to claim. The practice does not submit statements for cash sessions on your behalf.
- t) Any reports, motivations or letters are charged at the time spent it took to compile. Such costs are agreed to between the party requesting the documentation and the therapist involved beforehand. You may be required to pay a portion of the costs upfront and the remainder on completion. These costs are not covered by medical aid and payment will need to be made either in cash or via EFT, the latter being preferred.
- u) Although we do our utmost best to ensure speedy turnaround times, please allow for a minimum of 10 working days for completion of any reports, motivations or documentation.
- v) In the event that you receive therapeutic services within an inpatient facility, you are responsible for ensuring that you have acquired the authorisation code necessary for payment of treatment and have provided such to Du Preez & Associates.
- w) Du Preez & Associates cannot be held responsible for any errors or incorrect use of funds made by your medical aid.
- x) Refunds will not be made for incorrectly paid or pre-paid amounts, whether due to medical aid or private error, and will remain as credit on your account.
- y) Patients are encouraged to approach the practice immediately if they experience problems with the payment of their account.
- z) Accounts are handed over for legal debt recovery after 90 days. Any costs associated with such actions will be incurred towards the person responsible for account. This may result in having a bad credit record.
- aa) If you feel that your medical aid scheme should have paid your account in full, you can lay a complaint at the Council for Medical Schemes by emailing them at complaints@medicalschemes.com.
- bb) All account related queries can be directed to the practice manager:

Brenda Brown		Gay Viljoen
srb@iafrica.com	OR	srb@iafrica.com
0824582696		0825579461

I acknowledge that all information supplied by me is correct and accept the informed consent and payment terms.

Full Name & Surname: _____

Signature: _____

Date: _____