

MEDICAL FILE / MEDIESE LÊER

| | | | |
|---|----------------------------|---------------------------------|-----------------------------------|
| 1 PATIENT DETAILS / PASIËNT BESONDERHEDE | | | Account Number Rekening Nommer |
| Surname Van | First Name Voornaam | | Mr/Mrs/Miss Mnr/Mev/Mej |
| Date of Birth Geboortedatum | I.D. Number I.D. Nommer | | |
| Occupation Beroep | Home Language Huistaal | Marital Status Huwelikstatus | |
| Tel. (H) | Tel. (B) | Cell Sel | E-mail E-pos |

| | | | |
|--|------------------------|-------------|----------------------------|
| 2 PERSON RESPONSIBLE FOR ACCOUNT / PERSOON VERANTWOORDELIK VIR REKENING | | | |
| Surname Van | First Name Voornaam | | Mr/Mrs/Miss Mnr/Mev/Mej |
| I.D. Number I.D. Nommer | | | |
| Postal Address Posadres | | | Code Kode |
| Home Address Woonadres | | | Code Kode |
| Work Address Werksadres | | | Code Kode |
| Tel. (H) | Tel. (B) | Cell Sel | E-mail E-pos |

| | | | |
|--------------------------------------|----------|------------------|--|
| 3 MEDICAL AID / MEDIESE FONDS | | | |
| Name Naam | | Number Nommer | |
| Member's Name Hooflid se Naam | | Plan Plan | |
| Tel. (H) | Tel. (B) | Cell Sel | |

| | | |
|--|----------|-----------------------------|
| 4 NEAREST FAMILY/FRIEND / NAASTE FAMILIE/VRIEND | | |
| Names Name | | Relationship Verwantskap |
| Address Adres | | Code Kode |
| Tel. (H) | Tel. (B) | Cell Sel |

| | |
|------------------------------------|-----|
| 5 REFERRED BY / VERWYS DEUR | |
| Name Naam | Tel |

| 6 FAMILY DETAILS / FAMILIE BESONDERHEDE | | | |
|--|--------------------------------|------------------------|----------------|
| Names Name | Date of Birth Geboortedatum | Allergies Allergieë | Other Ander |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

This account remains your responsibility until fully paid. Regular follow-ups by the member with the medical aid may be required to ensure prompt payment. In the case of your medical aid not paying the full account you will be liable for the balance.

Die rekening bly u verantwoordelikheid totdat dit ten volle betaal is. U is dus self daarvoor verantwoordelik om die rekening by u mediese fonds op te volg op 'n gereelde basis. Indien u mediese fonds nie die volle bedrag vereffen nie, sal u aanspreeklik wees vir die balans.

I understand and accept the terms above.

Ek verstaan en aanvaar die terme hierbo.

Signed Date Geteken Datum