

DR FH DE GOEDE
MB.CH(Stell)MMED(Derm)(Stell)

We are a **CASH PRACTICE**. Kindly settle consultation fee on the day.

1. PATIENT DETAILS:

Surname:..... First name:.....
Title:Mr/Mrs/Miss/Ms.....ID no:.....DOB:.....
Home language:.....Occupation:.....Cell:.....

2. PERSON RESPONSIBLE FOR THE ACCOUNT:

Full name and surname:..... Title : Mr/Mrs/Miss/Ms.....
Home address:.....
.....Postal code:.....Tel.no:.....
Postal address:.....
.....Postal code.....Cell:.....
Employer:.....Tel (w).....

3. MEDICAL AID DETAILS:

Name of fund :.....Member no:.....
Main member:..... ID no:.....

4. REFERRING DOCTOR:

Name:.....Address:.....
.....Tel:.....

TARIFFS

The tariffs are based on the SA Medical Association's guideline to fees and not on what your Medical Aid is prepared to refund you. **YOU ARE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR ACCOUNT ON THE DAY OF CONSULTATION** and then claim back from your Medical Aid.

I accept that I am responsible for payment of this account.

Signature :.....Date.....

Email address:.....

ATTENTION PLEASE:

NO SCRIPTS WILL BE REPEATED AFTER 6 MONTHS WITHOUT AN APPOINTMENT.
ACCORDING TO THE GUIDE TO FEES FOR MEDICAL SERVICES, FEES WILL BE CHARGED FOR REPEAT OF
SCRIPTS (TEL OR FAXED) AND ALSO FOR THE COMPLETION OF CHRONIC MEDICATION FORMS AND
MOTIVATION FOR TREATMENT.

www.degoededermatology.co.za

Visit our website for more information on cosmetic procedures such as; Chemical Peels,
Microdermabrasion etc

Would you like to receive our monthly newsletter ? YES NO
Would you like to consult with our skin therapist? YES NO