

Surname/Van: _____ Name/Naam: _____ Title/Titel: _____

Patient Details/Besonderhede:

Physical Address/Fisiese Adres:.....
.....
.....

Postal Address/Pos Adres:
.....
.....

Medical Aid/Mediese Fonds:

Medical Aid no./Mediese Fonds nr.:.....

ID no.:

Email Address/E-pos Adres:

Tel: (W)
(H)
(C)

Referral/Verwysing: Facebook / Google / Friend / Website
Other/Ander

Communication Preference/Kommunikasie Voorkeer:
Email / Phone / Whatsapp / SMS
Test Recall Reminder/Toets Herinnering: Yes/Ja / No/Nee

Account Details/Rekening Besonderhede:

Title/Titel:
Surname/Van:

Full Names/Volle Name:
.....

Physical Address/Fisiese Adres:.....
.....
.....

Postal Address/Pos Adres:

Medical Aid/Mediese Fonds:

Medical Aid no./Mediese Fonds nr.:.....

ID no.:

Email Address/E-pos Adres:

Tel: (W)
(H)
(C)

Alternative Contact Person/Alternatiewe Kontak Persoon:
.....
Contact No/Kontak Nr:

I hereby undertake:

- I shall settle the Account within 90 days.
- 2 % interest will be added monthly to accounts 90 days and older.
- Any payments received from my medical aid due to Van Neel Optometrist will immediately be paid to them.
- I am liable for any costs and interest incurred relating to the recovery of outstanding monies.
- I am liable for this account, should my medical aid not cover all expenses.

I understand and agree to these terms and conditions stated above:

Signature: _____ Date: _____

Ek onderneem:

- Om rekening binne 90 dae te vereffen.
- 2 % rente sal maandeliks bygevoeg word tot rekening ouer as 90 dae.
- Ek is verantwoordelik vir die rekening en enige ekstra kostes wat moontlik bygevoeg word indien betaling nie geskied soos ooreen gekom.
- Ek verstaan dat Van Neel Oogkundiges my mediese fonds kontak en volgens die inligting optree soos aan hulle verduidelik en kan nie verantwoordelik gehou word vir enige foutiewe inligting nie.
- Ek is verantwoordelik vir die rekening, indien my mediese fonds nie alle kostes dek.

Ek verstaan en onderneem tot bogenoemde terme & voorwaardes:

Handtekening: _____ Datum: _____

