

Drs Callaghan, Marais, Narsai and Associates Inc.

Reg No.: 2005/021881/21, Practice No.: 4000986, VAT Reg. No.: 4950204745

Bookings and Emergencies:
031 209 9030 (D), 031 350 4011 (U), 031 350 4060 (H)

0312074209 (Fax)

Patient details

OFFICE USE

Surname: _____ Title: _____
First names: _____ Date of birth: _____
ID number: _____ Telephone no.(H): _____
e-mail: _____ Telephone no.(C): _____

Physical address: _____
Postal code: _____
Referring doctor: _____ GP: _____
Patient height: _____ Patient weight: _____
Occupation (Prior to retirement): _____
Pharmacy name: _____ Pharmacy fax no.: _____

Next of kin

Surname: _____ Title: _____
First names: _____ Telephone no.(H): _____
e-mail: _____ Telephone no.(C): _____

Person responsible for payment of account

Main member name: _____ Title: _____
Main member ID no: _____ Patient dependant code: _____
Medical aid: _____ Plan type: _____
Medical aid number: _____
Telephone number: _____ Alternative number: _____
Physical address: _____
Postal code: _____
Postal address: _____
Postal code: _____

Please note:

- It is your responsibility to alert Drs Callaghan, Marais, Narsai and Associates Inc. timeously of changes to the information provided above.
- Drs Callaghan, Marais, Narsai and Associates Inc. charges above scale of benefits for consultations. You are responsible for settling your account personally and claiming the balance from your medical aid society. The tariff for first consultation is R 800.00. Follow up consultation tariff is R 600.00. Accounts settled within two (2) weeks of the consultation will be discounted by R 50.00 (e.g. R750 or R550)

PATIENT INITIAL



Turn over

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Ria David M.B., Ch.B. (Natal), Dip HIV Man (SA) FCP (SA) Cert. Med. Onc (SA)
ria@oncocare.co.za | 083 682 0038



The Oncology Centre, 535 Peter Mokaba Ridge, Berea, Durban
 Umhlanga Oncology Centre, Quadrant 1, The Centenary, 30 Meridian Drive, Umhlanga
 Hillcrest Oncology Centre, Block C2, Meyrickton Park, 2 Meyrickton Place, Hillcrest
 P.O. Box 37474, Overport, KZN, 4067

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- Radiotherapy patients: Medical aid authorisation for treatment must be obtained in advance. You are liable for the shortfall if your medical aid does not pay the account in full or if there is a co-payment.
- Private radiotherapy patients are charged at medical aid rates. Accounts are payable weekly on presentation.
- Chemotherapy patients: Medical aid authorisation for treatment must be obtained in advance. You are liable for the shortfall if your medical aid does not pay the account in full. If there is a co-payment this must be paid before the next cycle of treatment.
- Private chemotherapy patients are charged at medical aid rates. Accounts are payable in advance prior to each cycle.
- **Drs Callaghan, Marais, Narsai and Associates Inc. reserves the right to suspend treatment if you fail to comply with the above requirements.**
- Drs Callaghan, Marais, Narsai and Associates Inc. submits anonymous cancer statistics to the national cancer registry in accordance with statutory requirements. Anonymous cancer data are sold to third parties.

Discovery Health patients

- Drs Callaghan, Marais, Narsai and Associates Inc. utilise the **HealthID** application to view confidential patient information on Discovery Health’s electronic medical record database.
- HealthID requires consent from you in order that the doctor might access your information.
- With your consent, HealthID gives the doctors access to information about any chronic conditions and medications that you may have, as well as pathology results, which includes blood tests. This information is safeguarded and handled with confidentiality within the confines of the practice.
- You will receive SMS notification from Discovery when your HealthID profile is accessed.
- For more information on HealthID visit **www.discovery.co.za**.
- We can provide you with a Discovery Health Member Consent Leaflet if you require more information.
- Do you consent to Drs Callaghan, Marais, Narsai and Associates Inc. accessing your information on HealthID?

YES	NO
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Consenting patient’s signature: _____

Date: _____ Witness: _____

Patient Information Brochure

- Drs Callaghan, Marais, Narsai and Associates Inc. have prepared a Patient Information Brochure detailing the modus operandi of the practice. It is aimed at addressing many of the frequently asked administrative questions that patients have.
- Would you like to receive an electronic Patient Information Brochure (PDF format) by email?

YES	NO
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I acknowledge and agree to the conditions as set out above

Signature of person responsible for payment of the account: _____

Date: _____ **Witness:** _____

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