



# Rubeena Jadwat

OPTOMETRIST

eye got you covered!

## PATIENT INFORMATION SHEET AND BASIC CONTRACT TERMS

### DETAILS OF PATIENT

DATE: \_\_\_\_\_

Title: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Name and Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Tel. No: \_\_\_\_\_ Work Tel. No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell No: \_\_\_\_\_

### MEDICAL AID DETAILS

Name: \_\_\_\_\_ Plan: \_\_\_\_\_

Number: \_\_\_\_\_ Dependent No: \_\_\_\_\_

### DETAILS OF PERSON ACCOUNTABLE FOR PAYMENT (If not as above)

Title: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Name and Surname: \_\_\_\_\_

Occupation: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US?

Referred by:	Relative <input type="checkbox"/>	Advertisement:	SMS <input type="checkbox"/>
	Friend <input type="checkbox"/>		Newspaper <input type="checkbox"/>
	Doctor <input type="checkbox"/>		Telephone Directory <input type="checkbox"/>

### WHOM MAY WE THANK FOR YOUR REFERRAL?

Name and Surname: \_\_\_\_\_

### NATIONAL CREDIT REGULATIONS

- 1.) Presentation and signature of a quotation is contractually binding.
- 2.) According to the National Credit Act, we may not provide any credit as we are not registered credit providers. For this reason, all amounts due are payable on collection. Spectacles and other goods may not be ordered before receiving a deposit.
- 3.) We reserve the unequivocal right to have the person responsible or the account listed on TransUnion ITC and take such steps necessary.
- 4.) The undersigned undertakes to pay all attorney and client costs should legal action proceed.
- 5.) Collection within seven days of written notice addressed to the client's domicilium citandi et executandi, failing which the goods will be deemed to have been collected and the full amount being due, owing and payable despite the non collection.
- 6.) Spectacles not collected within 3 months will be sold to defray expenses.

### MEDICAL AID PATIENTS PLEASE NOTE!

- 1.) For your convenience we will submit your account to your medical aid for direct payment, if we are contracted to them.
- 2.) Medical aids only contribute to a portion of your account and not necessarily pay the full amount.
- 3.) Although every effort is made to confirm the correct amount contributed by the medical aid, it is merely an estimate and can therefore change. In calculating the estimated patient portion of the account, we use an estimated medical aid contribution which may vary.
- 4.) Any amount not paid by your medical aid is payable by you.

I, \_\_\_\_\_ the undersigned, agree to the conditions above and have read and understood the terms and content thereof.

Signature: \_\_\_\_\_