



PATIENT TERMS & CONDITIONS

I hereby confirm that I understand the following to be the terms and conditions of me receiving health care services from (“the Doctor”), which terms and conditions I accept and agree to:

1. I consent to the Doctor, the Doctor’s staff and third parties appointed by the Doctor accessing and processing my personal information and personal confidential medical information for the purposes of rendering health care services to me and billing me for such services. This includes the transmission of such information to my Medical Aid Scheme (if I have one), including ICD-10 Codes (codes that are sent to Medical Schemes for billing purposes which include information on a patient’s condition, what treatment they received and so on).
2. I will receive one or more invoices for the services rendered by the Doctor. Although I may request that such invoices are sent to my Medical Aid Scheme directly for processing, I understand that I will be personally liable for payment of the invoices. Payment of these invoices must be made within 30 (thirty) calendar days of them being presented to me.
3. The Doctor may charge me fees that are higher than what my Medical Aid Scheme may pay for. In that event I will still be personally liable to pay any amount that my Medical Aid Scheme does not pay on my behalf.
4. I will be charged for appointments with the Doctor that I miss or do not attend.
5. I confirm that I understand that the Doctor makes use of Ingress Healthcare for assistance in managing the Doctor’s practice, but that Ingress Healthcare is in no way involved in my treatment or care.
6. Where I am acting on behalf of a minor person (a child below the age of 18) in making use of the services of the Doctor, I confirm and warrant that I am either the natural guardian (parent) or legal guardian (legally appointed to be responsible for the child) and have the authority to act on behalf of the child.
7. My personal e-mail address to which the Doctor’s invoices may be sent is my responsibility to keep updated by informing Ingress Healthcare by emailing bookings@ingresshealthcare.co.za
8. The physical address to which legal notices may be delivered is my responsibility to keep updated by informing Ingress Healthcare by emailing bookings@ingresshealthcare.co.za