

ADMISSION FORM

TO COMPLETE IN FULL (IN CAPITAL LETTERS)



THE ID DOCUMENTS FOR BOTH THE MAIN MEMBER AND THE PATIENT, ALONG WITH THE MEDICAL AID CARD, MUST BE PRESENTED UPON ADMISSION. PRIVATE PATIENTS AND MEDICAL AID PATIENTS WITH A CO-PAYMENT MUST PAY UPON ADMISSION. PLEASE CONTACT THE ACCOUNTS DEPARTMENT IN THIS REGARD.

PATIENT INFORMATION

SURNAME: _____ TITLE: _____ INITIALS: _____

FIRST NAMES: _____

ID OR PASSPORT NUMBER: _____ DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

POSTAL ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

OCCUPATION: _____ EMPLOYER: _____

GENDER: MALE FEMALE NATIONALITY: _____ RELIGION: _____

HOME LANGUAGE: _____ PATIENT CELL NO: _____

HOME TEL: _____ WORK TEL: _____

EMAIL ADDRESS: _____

NEXT OF KIN (1): _____

RELATIONSHIP: _____ TEL NO: _____

NEXT OF KIN (2): _____

RELATIONSHIP: _____ TEL NO: _____

PERSON RESPONSIBLE FOR THE ACCOUNT / MAIN MEMBER OF MEDICAL AID

SURNAME: _____ TITLE: _____ INITIALS: _____

FIRST NAMES: _____

ID: _____ DATE OF BIRTH: _____

POSTAL ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

OCCUPATION: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____

CELL NO: _____ HOME TEL: _____

WORK TEL: _____ EMAIL ADDRESS: _____

MEDICAL AID DETAILS AND/OR GAP COVER DETAILS

MEDICAL AID: _____ MEDICAL AID NO: _____

MEDICAL AID PLAN: _____ PATIENT DEP NO: _____

DO YOU HAVE GAP COVER: YES NO (IF YES, PLEASE SPECIFY BELOW)

GAP COVER: _____ GAP COVER POLICY NO: _____

GUARDIANS

Please ask us if you do not understand any of the clauses below.

PRICING/FEES AND PAYMENT

1. Fees are set according to the following principles:
 - 1.1 This hospital bills according to a billing policy.
 - 1.2 The general terms relating to private (i.e. non-medical scheme) patients are available on our website (www.pasteureye.co.za) or on request from our staff.
 - 1.3 The terms and tariffs applicable to medical scheme patients vary from scheme to scheme, and even from option to option (plan to plan). Please contact your medical scheme directly, if you have any questions regarding the applicable fees.
 - 1.4 Our fees cover your hospital stay, nursing care, theatre costs, medicines and medical devices used during your time in hospital. Any unforeseen costs as stipulated in (2) below will be for your account.
 - 1.5 Our fees EXCLUDE any treatment of doctors, anaesthetists and therapists. Please confirm fees applicable to this procedure.
2. Please note that the cost of healthcare depends on how your body reacts to treatment and/or operations. The law allows us to step in, in order to save your life, or to prevent or reduce harm to you. You will be billed accordingly.
3. Private patients to pay accepted quote on admission. Balance payable within 30 days of final account.
4. The medical aids will indicate on the authorisations whether a co-payment is applicable. In case of a co-payment, the co-payment is payable on admission.
5. By choosing Pasteur Eye Hospital, you –
 - 5.1 Hereby give us consent to submit the claim to your scheme on your behalf. In the unlikely event of them not receiving the claim or settling timeously or in full, you will be responsible for the outstanding balance.
 - 5.2 It is your responsibility to confirm that the main member or dependent undergoing the procedure, is currently an active member of the scheme.
6. The main member remains liable to settle the full account, irrespective of whether the scheme gave pre-authorization or not. This also applies if you are a dependent on someone else's scheme. In some cases, medical schemes will only pay a portion of the treatment costs, in which case the member remains liable for the outstanding amount. The account should be settled within 30 days after medical aid settlement.
7. Should your account still be outstanding (not settled) after 30 days after rendering the account, you will receive notice to settle within 20 working days that your account is in arrears, by default after 10 working days the account will be handed over for collection. This default account will be recorded at the various credit bureaus as well you will incur legal costs.
8. We are allowed by the National Credit Act, to charge the maximum amount of 2% interest, per month on all outstanding accounts. You will also be responsible for all costs relating to the debt collecting, such as commissions and fees levied by the debt collector or attorney.
9. If you feel that your medical scheme should have paid your account in full, you can lay a complaint at the Council for Medical Schemes by fax: (012) 431-0608 or at this email address: complaints@medicalschemes.com. If you consider the terms and conditions of the scheme to be unfair or benefits were not communicated clearly, you can complain to the National Consumer Commission at fax: 086 151 5229.

ON TIME OF PERFORMANCE OF SERVICE

10. Although we will do our best to render the services at the time we set, sometimes a previous patient may require longer treatment or an emergency will get preference. By agreeing to our services, you accept to this uncertainty. We will, when possible, inform you of the delay.

COMPLAINTS AND CONCERNS

11. The hospital aims to ensure that all complaints and concerns are addressed appropriately and timeously. When visiting the hospital and using the services and products offered, all patients/consumers and their accompanying persons may request, in the case of any complaints and concerns, to use the hospital's complaints policy and form. Both the policy and form are available from reception and can be placed in the complaint box provided at the reception area. The hospital urges all persons to use this avenue before taking any external action.

CONFIDENTIALITY

12. This document constitutes a contractual agreement by the hospital to protect all personal information in confidence.
13. All your information as well as those of a minor over the age of 12, will be kept confidential. Information of minors under the age of 12 years will be available to parents and legal guardians. **We can only release information**

with your written consent, even if a family member requests the information. Please provide us with that consent if you want us to be able to disclose certain information to your family.

14. The following special cases exist where the law compels us to disclose your personal information and by agreeing to our services, you acknowledge this legal duty that we have to disclose:
 - 14.1 **To your medical scheme:** We must provide a diagnostic code and details of the treatment and/or operation, so that the scheme can evaluate whether it falls within your benefits.
 - 14.2 **To the Compensation Commission or the Road Accident Fund:** If you claim from this fund in cases of work-related illness or injury; or in case of a motor vehicle accident.
 - 14.3 **To referring healthcare professionals and others involved in your care:** Information that is necessary and in your best interest will be shared with such healthcare professionals in terms of the National Health Act.
- 15 We keep and may use and/or sell anonymized information (i.e., without your name, identity number or address) to companies who collect this data to track trends in healthcare services.
- 16 Some medical schemes provide all information of all the family members on a scheme to the principal (main) member. We do not accept liability for any personal information that is disclosed as a result of this, and you should direct queries in this regard to your medical scheme you belong to.

PURPOSE AND NATURE OF HEALTHCARE

- 17 You confirm that you understand that in healthcare, results cannot be guaranteed. Results also depend on how one's body reacts to the treatment and/or operations.
- 18 You confirm that you understand that your behaviour or that of a child or dependent may have a negative impact on the effect of the outcome of the care received. You agree to follow the instructions provided to you by the healthcare professionals and/or come for follow-ups, etc. Failure to comply to any instruction given following a procedure, you undertake not to hold the hospital and its staff liable for any negative consequences.

CHILDREN AND HEALTHCARE

- 19 You confirm that you understand that, as a parent or legal guardian, you are legally liable to cover the cost of your child's healthcare, even if the Children's Act allows the child to provide consent to treatment without your consent (children 12 – 18 years who understand the implications of the treatment). You also confirm that you understand that there is a special legal dispensation and forms that must be used in cases of operations.

EQUIPMENT, DEVICES AND MEDICINES ("GOODS") WE USE

- 20 If we have to substitute medicine or a device with an alternative, we will obtain your consent for that. This is however not possible when you are anaesthetized in theatre, in such a case, you'll be informed afterwards. Where a product is unsuitable for your particular needs, it will be substituted as needed. Where medication has been substituted, you may discuss the substituted product with your pharmacist. In theatre we will only substitute if necessary, such as when certain products are not available, or are not working for your specific requirements. If you are offered a substitution at a pharmacy level, ask the pharmacist whether such substitution would be in your best interest.
- 21 Pharmacy and health legislation prevents us from taking back any medicines or equipment we have provided to you. We can also not refund you in these circumstances.
- 22 In case of a defective product, we will contact the supplier, who will deal with the matter. They will decide on whether a repair, refund or replacement would be provided. Note that each manufacturer may have its own rules in this regard. In general, if you have made changes to the goods, you may invalidate any warranty.

PATIENT / CLIENT / CONSUMER DUTIES (NATIONAL HEALTH ACT 2003)

- 23 You must adhere to the rules of the hospital and any instructions given to you by staff or healthcare professionals.
- 24 You have the right to ask questions and to have them answered. If you do not ask any questions, we will assume that you have understood everything and are satisfied with everything.
- 25 You and/or your family or other persons that come to the hospital should not harass the healthcare professionals and staff. They must be treated with respect. If not, we are allowed by law to refuse to treat or to continue to treat you or your children. In such cases, we will refer you to another hospital.

Signature of patient / parent / guardian

Signature: Admission Clerk

Confirming that she/he understood and agrees to the above terms and conditions.