



# THE SOUTH AFRICAN MEDICAL ASSOCIATION

Telephone +27 (0) 12 481 2000, Fax +27 (0) 12 481 2100, [www.samedical.org](http://www.samedical.org)  
Block F, Castle Walk Corporate Park, Nossob Street, Erasmuskloof Ext 3, Pretoria 0153  
PO Box 74789, Lynnwood Ridge 0040

## AGREEMENT ENTERED INTO BETWEEN DOCTOR AND PERSON RESPONSIBLE FOR ACCOUNT

Parties:

Mr/Mrs/Ms \_\_\_\_\_

(please give full name), Identity no. \_\_\_\_\_

(hereinafter referred to as "the responsible person")

of (full physical addresses):

1. residence: \_\_\_\_\_

2. business: \_\_\_\_\_

and

Dr \_\_\_\_\_

(hereinafter referred to as "the doctor")

of (full physical address of practice): \_\_\_\_\_

Practice code no. \_\_\_\_\_ MP no.: \_\_\_\_\_

### Agreement:

The responsible person hereby agrees as follows : -

1. That (s)he is liable for medical services rendered by the doctor to patient \_\_\_\_\_ and, to the extent that it is applicable, s(he) is the parent/legal guardian of the person to whom the medical services were rendered;
2. To pay promptly the account of the doctor in accordance with the tariff of charges prevailing in the doctor's Practice, or as agreed upon between the parties, and in the manner in which the parties have agreed;
3. To settle the doctor's account timely and in full, as agreed, irrespective of contracts / agreements / arrangements (s)he may have with any medical scheme or any third party.
4. Should the account not be settled in full within 20 business days after the medical services were rendered by the doctor, interest will thereafter be charged on any outstanding amount at a rate of 2% per month until the date that the account is settled in full.
5. Should the doctor institute legal action against the responsible person for recovery of any outstanding debts, to pay all legal costs, including attorney and own client costs, collection fees and tracing fees;



# THE SOUTH AFRICAN MEDICAL ASSOCIATION

Telephone +27 (0) 12 481 2000, Fax +27 (0) 12 481 2100, [www.samedical.org](http://www.samedical.org)  
Block F, Castle Walk Corporate Park, Nossob Street, Erasmuskloof Ext 3, Pretoria 0153  
PO Box 74789, Lynnwood Ridge 0040

6. It is acknowledged that, in accordance with the provisions of Section 53(1) of the Health Professions Act of 1974 (duly amended) and Section 6(c) of the National Health Act 61 of 2003, the costs associated with all medical services rendered by the doctor, treatment and/or procedures have been discussed and were fully explained to the responsible person and / or patient, to the extent required in law and professional ethics;
7. In accordance with legal requirements the doctor is granted permission to disclose any information about the responsible person and/or the patient, including medical information and/or diagnosis or diagnostic codes, to relevant third parties (such as a funders, administrators, switching companies, prescriptions to pharmacies, and the like) for purposes of processing payment of accounts in respect of medicines dispensed and/or medical services rendered to the responsible person / the patient; as required by a specific Act or statute, professional ethics or formal policy or directive applicable to the situation. The responsible person and/or patient have been informed that, in certain circumstances, such as disclosure of ICD-10 codes, the exact consequences of disclosing such information is unknown to the doctor and that information relating to these consequences must be obtained by responsible person and/or patient from the third party to whom the information is disclosed.
8. The responsible person and / or patient agree that the doctor may:
  1. make enquiries to confirm any information provided by the responsible person and / or patient;
  2. seek information from any credit bureau when assessing the responsible person and / or patient's application for credit, or at any time during his/her continuing indebtedness to the doctor including tracing or confirming his/her whereabouts;
  3. disclose the existence of his/her account to any credit bureau, sharing both positive and negative payment information about such account.
9. The responsible person and / or patient furthermore, agree that the doctor will be entitled to obtain and disclose the above information:
  - if the doctor considers that it is necessary or may be of benefit to the responsible person and / or patient;
  - where the doctors is under a legal obligation to do so;
  - where it is in the doctor's own or the public interest that he/she does so.

## Signatures:

SIGNED and DATED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 200-.

Doctor: (name in print) \_\_\_\_\_ Witness: (name in print) \_\_\_\_\_

Signature:.....

Signature:.....

Tel:-----



# THE SOUTH AFRICAN MEDICAL ASSOCIATION

Telephone +27 (0) 12 481 2000, Fax +27 (0) 12 481 2100, [www.samedical.org](http://www.samedical.org)  
Block F, Castle Walk Corporate Park, Nossob Street, Erasmuskloof Ext 3, Pretoria 0153  
PO Box 74789, Lynnwood Ridge 0040

Fax:-----

E-mail:-----

SIGNED and DATED at-----on this-----day of-----200-

Responsible person: (name in print)\_\_\_\_\_ Witness: (name in print)\_\_\_\_\_

Signature:.....

Signature:.....

Tel: -----

Fax:-----

E-mail:-----

SIGNED and DATED at-----on this-----day of-----200-

Patient: (name in print)\_\_\_\_\_ Witness: (name in print)\_\_\_\_\_

Signature:.....

Signature:.....

Tel: -----

Fax:-----

E-mail:-----

\*Delete whichever is not applicable

Last updated: 29 May 2007