All Non-South African Residents MUST please supply the address where they are residing whilst in South Africa in the HOME ADDRESS column

Please supply your address abroad in the POSTAL ADDRESS column.

RADIOLOGISTS

MORTON & PARTNERS

Practice Number: 3803325

MAIN MEMBER OF MEDICAL AID

Title:		Initials:	
Surname:			
Full Names:			
RSA ID Number:		DOB:	
Passport Number			
Home Address			
	Code:		
Postal Address			
	Code:		
Tel	[h]	[cell]	
	[w]	[fax]	
Email			

Preferred method of Communication:

Tel [h] ☐ Tel [w] ☐ Fax ☐ Cell ☐ Email ☐

PATIENT DETAILS

Title:		Initials:	
Surname:			
Full Names:			
RSA ID Number:		DOB:	
Passport Number			
Home Address			
	Code:		
Postal Address			
	Code:		
Tel	[h]	[cell]	
	[w]	[fax]	
Email			

Preferred method of Communication:

Tel [h] ☐ Tel [w] ☐ Fax ☐ Cell ☐ Email ☐

EMPLOYER:	
EMPLOYER'S ADDRESS	
Code:	

I have read the information on ICD 10 coding and have indicated my preference to the use of ICD10 codes for my Radiology Reports	CONSENT	☐
	DO NOT CONSENT	☐

MEDICAL AID DETAILS				
Medical Aid Name:				
Medical Aid Number:				
Type of Plan:				
Medical Aid Card Code:	Main Member	☐	Patient	☐

Please be aware that confirmed medical aid benefits do not gaurentee payment and is it your responsibility.to obtain authorization for a procedure if required by your medical aid, even if we assist in this regard.

You will be held responsible for any payment shortfalls.

DO YOU REQUIRE A VAT INVOICE?	YES	☐	NO	☐
PLEASE PROVIDE YOUR VAT REG. No:				

CONTACT NAME OF A RELATIVE OR FRIEND	
CONTACT TELEPHONE NUMBER OF A RELATIVE OR FRIEND	

PLEASE NOTE:

(i) PRIVATE PATIENTS are required to settle their account on the day of their examination. (ii) MEDICAL AID PATIENTS who are NOT COVERED for outpatient radiology procedures OR who are on a HOSPITAL PLAN ONLY are required to settle their account on the day of their examination.

Notwithstanding any Medical Aid Society or other organisation's undertaking, I acknowledge personal responsibility for payment of this account. In the event of non-payment, I shall be liable for all legal costs of recovery on the attorney and own client and interest on the overdue amount calculated at the prime overdraft rate

PRINT NAME	SIGNATURE	DATE