mark seuring p h y s i o t h e r a p y (Inc)

SPARC: Sports Performance And Rehabilitation Centre
Level 2 - Cape Quarter - The Square Corner Somerset road and Napier street - De Waterkant - Green point
Practice no. 0720000347507
Tel: 0214252298
e-mail:info@sparc.co.za

| Patient Details | | | | |
|--|------------------------|--|--|--|
| Surname | Title | | | |
| First names | | | | |
| Id no/DOB | | | | |
| Postal Address | | | | |
| Physical Address | | | | |
| Tel (H) | Tel (W) | | | |
| Cell | Fax | | | |
| Email address | | | | |
| Occupation | | | | |
| Nove of Kin | | | | |
| Next of Kin | | | | |
| Surname | | | | |
| First Name | O all | | | |
| Tel (H) | Cell | | | |
| Email Address | | | | |
| Person Responsible for Account (If different to patient details) Surname First Names | | | | |
| Id no/DOB | | | | |
| Postal Address | | | | |
| Physical Address | | | | |
| Tel (H) | Tel (W) | | | |
| Cell | Fax | | | |
| Email address | | | | |
| Occupation | | | | |
| Would you like to be | e on our mailing list? | | | |
| , | | | | |
| Medical Aid Details | | | | |
| Medical Aid Name | | | | |
| | 1 | | | |

Medical Aid No. Main Member

Terms and Conditions

Treatment Sessions

Clients attending the practice for the first time are expected to arrive early to complete the necessary documentation before treatment can commence.

Sessions are approximately 45 minutes long, during this time a full evaluation will be performed and treatment provided. While there is over 30 years' experience among the practitioners, when faced with more complex cases, we may occasionally call on one another for assistance to ensure that we provide an accurate evaluation and the best care.

Notifications

Appointment notifications are sent out via email or text message in advance.

Should you not receive any notifications the day before your scheduled appointment, please contact the office to confirm the date and time of your appointment.

Fees and payment terms

Please note that that the Physiotherapists are not contracted to any Medical aids. We are a cash practice; therefore clients are expected to pay on the day of treatment.

Payment can be made by card or in cash. You will be expected to bring along proof of payment on the day of treatment, should you wish to make payment via EFT.

Please be informed that the Physiotherapist does not charge the rates as prescribed by the Department of Health's Reference Price List (RPL) or Medical Aid Rates. The fees charged are at Private Rate. Price increases are necessary and may be levied from time to time.

Please note that further treatment will be suspended if there is outstanding money on your account. Patients with overdue accounts will be liable for Debt Recovery Costs on an attorney and own client scale.

Cancellations/ rescheduling

To cancel or reschedule an appointment, we require at least 12 hrs notice either telephonically, via email or WhatsApp. If less than 12 hrs notice is given, you will be charged a late cancellation fee of R400.00.

Practitioner cancellations

If we have to cancel a scheduled appointment, we will either book you in with another physiotherapist of your choice depending on availability or reschedule your appointment.

Late or missed appointments

Should you arrive late for your appointment but within the appointed time slot, you will only be treated for the remainder of the time but will still be liable for the full cost. Clients will also be liable for the full cost should the appointment be missed entirely and without prior notification.

Covid19 Special Consent

I am aware of the risks of the COVID19 virus. I confirm that I am not exhibiting any symptoms related to the virus and that I have taken all necessary precautions to minimize the risk of being exposed. I have not come into contact with anyone testing

| I, the undersigned, hereby confirm the correctness of the above information and by my signature attached hereto |
|---|
| accept and agree to the terms and conditions contained hereunder. My signature also gives informal consent for |
| any procedures that may be required. |

| positive in the past 10 days. I do not hold Mark Seuring Physiotherapy (Inc) liable sho | ould I contract COVID19. | |
|--|--------------------------|------|
| I, the undersigned, hereby confirm the correctness o accept and agree to the terms and conditions contain any procedures that may be required. | | |
| SIGNED AND DATED AT CAPE TOWN ON THE _ | DAY OF | 2022 |
| PRINT NAME | SIGNATURE | |