

Registration Details and Consent Forms

Corina Avni - Registered Physiotherapist PELVIC FUNCTION

Practice Number 0720000052205

Room 100 Fairfield Suites, Kingsbury Hospital, Wilderness Rd, Claremont, Cape Town 7708



PATIENT DETAILS

Title:..... Surname: First Name:

ID Number: Date of birth:

Physical Address: Post Code:

Tel: Cell: Email:

Occupation: Referred by:

G.P.: Specialist(s):

MEDICAL AID DETAILS

To be added to your account, for your convenience when you claim **directly** from your medical aid.

Medical Aid Name: Medical Aid Option/Plan:

Medical Aid Number: Patient Dependant Number:

Main Member's Name: Main Member's ID Number:

NEXT OF KIN (if different from above) Name: Tel:

This practice offers specialist services, devoted to the many functions and dysfunctions of the pelvis. Assessment and treatment is complex and complicated, involving multiple systems. The focus is on accurate assessment to inform appropriate treatment.

CANCELLATION POLICY

We have a Cancellation Policy; cancellations need to be made by **17h00** (5pm) the day before. In the event of a same day cancellation, every effort will be made to fill the slot (no charge), but if we are unable to find someone at short notice, there is a cancellation fee of **R600** for un-kept appointments. The majority of these bookings are 60mins.

Please cancel appointments directly to the practice cell phone on **0832582843**.

SMS's are not considered adequate notice due to the high failure rate. Insist on a confirmed cancellation.

CONSENT TO PAYMENT OF ACCOUNT

This practice offers specialist services, devoted to the many functions and dysfunctions of the pelvis. Assessment and treatment is complex and complicated, involving multiple systems. The focus is on accurate assessment to inform appropriate treatment.

COSTS AND FEES

Payment is expected when services are rendered. This is a **Cash Practice**. Settlement is on the day. Payment is via cash, major credit cards, or same day EFT.

- Initial consult: R1250-R1500 (up to 60mins)
R1550-R1800 (for 60-90mins)
- Follow-up consults: R600-R750 (up to 30mins)
R800-R950 (for 30-45mins)
R1000-R1200 (for 45-60mins)

Costs are approximate, due to specific billing codes used, based on assessment and treatment options.

Duration of the follow-up consult will be booked according to anticipated need at preceding session.

Outstanding accounts will be charged at:

Interest rate	2% per month after 30days
Admin fee	R50 after 60days
Debt collection procedures	after 90 days

This practice will not be involved in any Medical Aid disputes.

Please indicate below how we may share your information. Of note: if you do not disclose relevant information with your medical aid, they will reject the claim.

I consent to relevant information being shared with my medical aid ☐

I consent to settle my account directly, and submit to my medical insurer for re-imburement ☐

I consent to settle all outstanding fees due as a result of late payment of my account ☐

CONSENT FOR PATIENT INFORMATION USAGE

As a registered healthcare provider, we are required by law to follow the standards detailed by the Health Professionals Council South Africa (HPCSA) which dictates professional conduct and ethics, including managing the privacy and security of patients and their health information. Your confidentiality, dignity and privacy are of the utmost importance to us.

Please indicate below how we may share your information. Of note: if you do not disclose relevant information with your medical aid, they will reject the claim.

I consent to my case being discussed in a multidisciplinary team context ☐

I consent to relevant information being shared with the multidisciplinary team ☐

I consent to relevant information being shared with my medical aid ☐

I consent to my information being shared with other healthcare providers ☐

Namely:

I consent to my information being shared with non-medical contacts ☐

Namely:

The benefit of a multidisciplinary team approach in the management of **chronic pelvic pain patients** is access to concurrent appropriate input from different medical sources when required. This can improve response and outcomes. Simply said: have the right person, do the right thing, at the right time, for the right patient.

Medical aids assess overall health data (not of their own patients) to establish healthcare management trends. The current state of private healthcare in South Africa is that many chronic pain patients move from doctor to doctor, shopping for an answer, often with duplicate testing and non-effective treatments. This is proving untenable, to patients and medical insurers alike.

We request your permission to make use of your **anonymous** data including:

- ICD10 code ☐
- Treatment codes ☐
- Treatment frequency ☐
- Other relevant data including
 - number of surgeries ☐
 - co-morbidities (ICD10 code) ☐

CONSENT TO PROCESS PERSONAL INFORMATION

I acknowledge that my personal information needs to be processed by the practice and therefore grant the following consent:

I acknowledge and accept that the medical practice will during the course of rendering services to me, collect and have access to my personal information, including information relating to my race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language, identifying number, symbol, e-mail address, physical address, telephone number, location information, online identifier and my biometric information.

• I grant my express consent for the practice to collect and process this information for the purpose of rendering services to me as well as processing claim with medical schemes or insurance funders.

• Administrative staff employed in the practice may be granted access to my personal information contained in my health record, including any clinical notes, in order to process claims to medical schemes, issuing of documentation or any other administrative function required by the practice.

The practice makes use of a medical billing service company, namely Xpedient Medical (Pty) Ltd and I grant my consent to the processing of my personal information by Xpedient Medical (including its employees) as is required to process claims with medical schemes.

• I accept that my personal information will be accessed and processed by my medical scheme and/or health insurer and grant the practice and Xpedient Medical consent to transmit that information as required to process any claims.

• I accept that my personal information will only be utilized for the purpose it was collected, that the information will only be retained for as long as is necessary and required by law, and that I have the right to view such information at any time and request the correction, updating or deletion of that information

Name of Patient

Signature of patient

Signature of Parent/Guardian

Name of physiotherapist Corina Avni

Signature of physiotherapist

Signed at **on** **(date)**