

OOREENKOMS VIR BETALING/CONTRACT PERTAINING TO PAYMENT

Rekenaar/Computer Nr: _____

1. PASIËNT BESONDERHEDE/PATIENT DETAILS

Van/Surname:		Voornaam/Firstname:	
ID nr:		Tel nr (w): _____ (h)	
Huistaal/Home Language:		Cell nr:	
Woonadres/ Home address:		Geboortedatum/Date of Birth:	
		Huwelikstatus/Marital Status:	
Posadres/ Postal Address:	<u>Kode/Code:</u>	Beroep/ Occupation:	

2. PERSOON VERANTWOORDELIK VIR REKENING/PERSON RESPONSIBLE FOR ACCOUNT

Volle Name & Van/ Full Names & Surname:		Mnr/Mev/Mej: Mr/Mrs/Me:	
Posadres/ Postal Address:	<u>Kode/Code:</u>	Werksadres/ Work Address:	
Woonadres/ Home Address:		Beroep/ Occupation:	
Tel nr (h):		Cell nr:	
Tel nr (w):		ID nr:	
E-pos/Email:			

3. MEDIESE FONDS/MEDICAL AID OR PRIVAAT/PRIVATE: (Merk/Tick)

Mediese Fonds Naam/ Medical Aid Name:	Mediese Fonds <u>NO & OPSIE/</u> Medical Aid <u>NR & OPTION:</u>
Hooflid ID no/ Main Member ID nr:	Afhanklikes Kode/ Dependants Code:

4. NAASTE FAMILIE OF VRIEND/NEAREST FAMILY OR FRIEND (Een landlyn asb / One landline please)

Naam & Van/ Name & Surname:	Verwantskap/ Relationship:	Tel nr:
Naam & Van/ Name & Surname:	Verwantskap/ Relationship:	Tel nr:

5. VERWYS DEUR/REFERRED BY (e.g. Get it, Home life, Advertiser, The Buzz, Pamphlet, Radio, Word of mouth etc.)

Naam/Name:	Tel nr:
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Ek die ondertekende, behoorlik daar toe gemagtig, bevestig al die bedinge en voorwaardes hierin en op keersy hiervan vervat.
 I the undersigned, being duly authorised hereto, testify all the stipulations and conditions herein and on the reverse hereof.

Geteken/Signed: _____

Datum/Date: _____