

DR. A. FERREIRA : DENTIST : ORTHODONTICS

CONFIDENTIAL	FILE NUMBER: FOR								
PLEASE USE BLOCK LETTERS	OFFICE USE								

PRINCIPAL MEMBER (PERSON RESPONSIBLE FOR ACCOUNT)

SURNAME		INITIALS	
FULL FIRST NAMES			
IDENTITY NUMBER	COPY OF IDENTITY DOCUMENT MANDATORY		
TITLE	MR	MRS	ME
	MISS	DR	DS
	PROF	✓ <i>Tick one</i>	
POSTAL ADDRESS			
			Code
E-MAIL			
ALTERNATIVE E-MAIL			
RESIDENTIAL ADDRESS: (Street, extension, etc.)			
			Code
HOME TELEPHONE			
CELLULAR NO.			
WORK TELEPHONE NO.			
MEDICAL AID NAME			
OPTION	COPY OF CARD MANDATORY		
NAME OF RELATIVE OR FRIEND			
CONTACT NUMBERS			

AGREEMENT WITH DR. A FERREIRA INC. (PR 0540005423872) TO A LEGAL CONTRACT : PAYMENT OF ACCOUNT

I (Full name and surname)

wish to attend the practice of Dr. A. Ferreira **UNDER THE FOLLOWING TERMS AND CONDITIONS:**

CHANGE OF ADDRESS: I choose the address set forth herein as my Domicilia Citandi Executande for the service of any notices or court proceedings to be served on me.

I fully understand and accept the terms and conditions of service as set out in this document.

TERMS OF CREDIT: Dr. A. Ferreira's practice provides a 60 day credit facility (**medical aid accounts only**). It is the patients responsibility to make sure his medical aid settles the account within 30 days as the member has a legal binding contractual agreement with the medical scheme which has an Act which states: "Medical Schemes Act 1998 and regulation 6(4) which supports 59(2) of the Act, in terms of which payment must be made within 30 days of receipt of claims which must be correct in all respects."

LIABILITY: The member is liable for his account if the medical scheme does not settle within 60 days. If the medical aid fails to settle this account within 60 days, I, the member take full responsibility to settle the account **IMMEDIATELY.**

ADMINISTRATION COMPANY: All accounts outstanding on 90 days will be handed over to our agent. The Agent shall be entitled to 25% commission, excluding VAT, on payments received by the Agent directly from Debtors, in respect of the Debts handed over. VAT will be levied separately and may be claimed afterwards. The Agent shall also be entitled to 25% commission, excluding VAT, on all payments received directly by the Client from Debtors, in respect of the Debts handed over to the Agent.

I, (INFORMATION GIVEN ABOVE) SIGNED THIS CONTRACT ON THIS DATE:

DATE:

SIGNED: MAIN MEMBER OR RESPONSIBLE PERSON AUTHORISED TO SIGN
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SIGNATURE:
