



This form must be submitted to Reception at least 48 hours prior to admission. Should you have any queries please contact reception for assistance on telephone 057 439 0022.

PROOF OF MEDICAL AID, ID DOCUMENTS OF MAIN MEMBER AND PATIENT MUST BE PROVIDED UPON ADMISSION

DEB #	HOSPITAL USE ONLY	CASE #
ADMITTING DOCTOR:		GENERAL PRACTITIONER:
WARD:	BED NUMBER:	ADMISSION DATE:
		TIME OF ARRIVAL:

MAIN MEMBER INFORMATION:

ID NUMBER: _____ SURNAME: _____

FULL NAMES: _____

INITIALS: _____ TITLE: _____ GENDER: MALE / FEMALE

PHYSICAL ADDRESS: _____

E-MAIL ADDRESS: _____

HOME LANGUAGE: _____

EMPLOYER (NAME OF COMPANY & SHAFT): _____

COMPANY / INDUSTRY / PERSAL NUMBER: _____

OCCUPATION: _____

CELL NUMBER: _____ WORK NUMBER: _____

MARRIED: YES / NO

INDICATE MARRIAGE REGIME WITH X NEXT TO IT:

MARRIED IN COMMUNITY OF PROPETY _____

MARRIED OUT COMMUNITY OF PROPERTY OR MARRIED (ANTENUPTIAL CONTRACT) _____

OUT OF COMMUNITY OF PROPERTY WITH THE ACCRUAL SYSTEM) _____

SPOUSE: _____ ID NUMBER: _____

PHYSICAL ADDRESS: _____

E-MAIL ADDRESS: _____ OCCUPATION: _____

HOME LANGUAGE: _____ EMPLOYED AT: _____

CELL NUMBER: _____ WORK NUMBER: _____

MEDICAL SCHEME: _____ PLAN / OPTION: _____

MEMBER NUMBER: _____ PATIENT DEP CODE: _____

GAP COVER: YES / NO

PHYSICAL ADDRESS: _____

POSTAL CODE: _____

POSTAL ADDRESS (IF DIFFERENT TO PHYSICAL): _____

POSTAL CODE: _____

Initial: _____

NAME AND SURNAME OF NEXT OF KIN: _____
CONTACT NUMBER OF NEXT OF KIN: _____

FULL NAMES AND SURNAME OF GUARANTOR: _____
CONTACT NUMBER OF GUARANTOR: _____
ID NUMBER OF GUARANTOR: _____
(ATTACH COPY OF ID)

PATIENT INFORMATION:

ID NUMBER: _____ SURNAME: _____

FULL NAMES: _____

INITIALS: _____ TITLE: _____ GENDER: MALE / FEMALE

E-MAIL ADDRESS: _____

HOME LANGUAGE: _____ DATE OF BIRTH: _____

CELL NUMBER: _____ WORK NUMBER: _____

PHYSICAL ADDRESS: _____

EMPLOYER (NAME OF COMPANY & SHAFT): _____

COMPANY / INDUSTRY / PERSAL NUMBER: _____

OCCUPATION: _____

PHYSICAL ADDRESS: _____

*In the case of non-South African resident, the person responsible for the account, residential address and contact numbers in South Africa and country of origin must be provided.

TERMS AND CONDITIONS OF SERVICE

The Patient is admitted to Goldfields Healthcare (Pty) Ltd and the Patient and/or Signatory agree to the Terms and Conditions stipulated below. Any reference made to Goldfields Healthcare (Pty) Ltd, shall include reference to all associations where applicable.

ACCOUNTS AND PAYMENT:

Any person who signs this form as the Patient or on behalf of the Patient or as a Guardian or Guarantor (i.e., The Signatory), whether upon admission or during the Patient's stay at Goldfields Healthcare (Pty) Ltd or upon the Patient's discharge, agrees to be jointly or severally liable for payment to Goldfields Healthcare (Pty) Ltd, in respect of services rendered to the Patient by Goldfields Healthcare (Pty) Ltd, including all medication, regardless whether the patient him/herself signed the admission form or not and whether the invoice has been submitted to the Medical Scheme, or not.

It is expected that the Patient and/or Signatory acquaint him/her/themselves with the terms regarding tariffs:

- 🌐 The daily tariff refers to the daily accommodation. This includes the ward stay, meals and general nursing care.
- 🌐 The full Goldfields Healthcare (Pty) Ltd account (which may include, but is not limited to, accommodation, gases, equipment, pharmacy stock, and miscellaneous items such as telephone use, etc.).
- 🌐 The terms and tariffs may vary from Medical Scheme to Medical Scheme. Please communicate directly with your Medical Scheme regarding applicable tariffs prior to admission.
- 🌐 The Private Patient fee structure is available at admissions upon request.
- 🌐 Doctors' and other medical professionals' fees are billed **separately** from that of Goldfields Healthcare (Pty) Ltd's fees. Please communicate directly with your service provider regarding applicable tariffs and follow up directly with the applicable service provider regarding account queries related to their accounts.

The Patient, Signatory and/or the main member authorises, warrants, and hereby agree that:

- 🌐 the Patient (if not a Private Patient) is a bona fide member of the Medical Aid Scheme mentioned in this document, that his/her membership is valid as at the date of signature of this document, and that there are Medical Aid Scheme benefits available for the relevant patient for the relevant services and service dates required.
- 🌐 Goldfields Healthcare (Pty) Ltd to obtain the required admission authorisation number on behalf of the Patient (if not a Private Patient). It is, however, specifically recorded that it remains the responsibility of the Patient (if not a Private Patient) and/or Signatory, to also obtain from the Medical Aid Scheme the required authorisation number for the admission to Goldfields Healthcare (Pty) Ltd, for

Initial: _____

confirmation purposes. Goldfields Healthcare (Pty) Ltd shall not be held responsible for any liability if no, or incorrect authorisation number was obtained upon admission of the Patient.

- Goldfields Healthcare (Pty) Ltd to submit a complete account to the Medical Aid Scheme for any amount owed to Goldfields Healthcare (Pty) Ltd in respect of services rendered to the Patient and/or Signatory by Goldfields Healthcare (Pty) Ltd. It is specifically recorded that it remains the Patient and/or Signatory's responsibility to ensure that all accounts are received by the Medical Aid Scheme timeously. Goldfields Healthcare (Pty) Ltd shall not be held responsible for any liability if the accounts are not submitted timeously to Medical Aid.
- the Patient and/or Signatory remains responsible for any non-payment, short payment(s) and/or co-payment(s). Payment of certain co-payments may be required prior to the admission of the Patient.
- Goldfields Healthcare (Pty) Ltd may request a deposit or guarantee from the Patient and/or Signatory, which must be provided on the day of admission. A deposit paid or the remaining balance thereof is refundable to the person or entity that paid the deposit, after it is automatically set off against the patient's account upon admission. Refunds payable into a foreign bank account will be processed via international Swift transfers at the then-prevailing exchange rate.
- that all credit amounts (i.e. duplicate / or over payments) due to a patient, shall be affected by way of Electronic Funds Transfer ("EFT"), but only after it is set off against any outstanding hospital account for that patient. Where credit amounts are refundable to a Medical Aid Scheme, such credit amount will be reversed from future payments due by the Medical Aid Scheme in respect of Goldfields Healthcare (Pty) Ltd. If a credit amount is due to a creditor, other than the patient, the credit amount shall be refunded to the creditor, after the account is settled in full and subjected to the right of set off.
- Private Patients (patients who does not belong to Medical Aid Schemes) are required to settle the full amount of their stay upon admission, bearing in mind that additional fees (which may include, but is not limited to, accommodation, gasses, equipment, pharmacy stock, and miscellaneous items such as telephone use, etc.) must be settled upon discharge.
- the account becomes due and payable, in part or in full, immediately on presentation of any interim or final invoice. Goldfields Healthcare (Pty) Ltd reserves the right to charge interest on all overdue amounts at the then applicable prime lending rate, plus two (2) percent (%), sixty (60) days from presentation of invoice.
- if the Medical Aid Scheme makes any payment that is meant for the Patient's account of Goldfields Healthcare, directly into the account of the Medical Aid Scheme's member, whether it is in the Patient's or the Signatory's account, the recipient of that payment warrants to pay that amount directly to Goldfields Healthcare, for it to be allocated to the outstanding account.
- the Patient and/or Signatory hereby accepts and acknowledges that in the event that any payment is made to Goldfields Healthcare (Pty) Ltd, and an incorrectly quoted reference number directly leads to the payment not being allocated to the correct account, which may lead to the account eventually being incorrectly handed over for debt collection, the Patient and/or Signatory will be responsible to pay for all legal costs, fees, collection commission, disbursements and tracing fees on an attorney own client scale.

COLLECTION:

The Patient, Signatory and/or the main member hereby gives consent to Goldfields Healthcare (Pty) Ltd (and if the account was handed over for debt collection, to VEV Attorneys Incorporated as the Third Party, to obtain information from any credit bureau, any information concerning the Patient and/or Signatory's credit profile, payment history, hospital information and tracing information.

The Patient, Signatory and/or the main member consents that Goldfields Healthcare (Pty) Ltd may hand over any overdue outstanding account(s), from **90 days due for collection** to VEV Attorneys Incorporated and consent to the providing of all personal information to **VEV Attorneys Incorporated** for debt collection-, tracing-, employment confirmation- and address verification purposes.

The Patient, Signatory and/or the main member shall be held jointly and severally liable when an account is handed over to VEV Attorneys Incorporated for debt collection and whereby the Patient, Signatory and/or the main member undertake to pay all legal costs and fees on the attorney- and- own client scale, all collection commission, tracing costs, interest, and disbursements. All recovered amounts will be allocated firstly to disbursements, then legal costs and fees, collection commission, tracing fees, interest and lastly capital.

The Patient, Signatory and/or the main member chooses the provided address on page 1 as his/her *domicilium citandi et executandi* for the purposes of legal documents and requests hereby that all correspondence regarding the account, including statements and notifications be sent to his/her provided e-mail address or cell phone number via electronic communication.

The Patient, Signatory and/or the main member consent and submit in terms of section 45 of the Magistrates Court Act to the jurisdiction of the relevant Magistrate's Court in respect of all actions or other proceedings which might be brought against him/her by, or on behalf of, Goldfields Healthcare (Pty) Ltd, arising out of his/her failure to pay the outstanding account or other breach of the Goldfields Healthcare (Pty) Ltd terms and conditions, irrespective of the value of the claim against him/her.

CONFIDENTIALITY:

All information provided by the Patient and/or Signatory to Goldfields Healthcare (Pty) Ltd *et al* will be treated with the confidentiality as guided by the POPI Act, Act 13 of 2013, and by Goldfields Healthcare (Pty) Ltd.'s privacy policy, which is available at www.gfnc.co.za. By agreeing to this terms and conditions herein, the Patient and/or Signatory hereby voluntarily authorise Goldfields Healthcare (Pty) Ltd to process his/her personal information (including name, physical address, telephone numbers and any other information he/she has provided to Goldfields Healthcare (Pty) Ltd), for the purpose of rendering services to him/her as well as processing claims with Medical Aid Schemes. Processing shall include the collection, receipt, recording, organising, collation, storage, updating or modification, retrieval, alteration, consultation, use; dissemination by means of transmission, distribution or making available in any other form; or merging, linking, as well as blocking, degradation, erasure, or destruction of information. The consent is effective immediately and will endure until the relationship between the Patient and/or Signatory and Goldfields Healthcare (Pty) Ltd has been terminated.

Initial: _____



The Patient and/or Signatory confirm that he/she has read the privacy policy of Goldfields Healthcare (Pty) Ltd, and he/she understands his/her rights in terms of the POPI and PAIA Acts as included in their privacy policy at www.gfhc.co.za.






The Patient and/or Signatory further gives consent to Goldfields Healthcare (Pty) Ltd to use any form of electronic communication under the Electronic Communications and Transactions Act, to communicate or share with him/her, or his/her next of kin, the status of his/her health treatment or health information.

Patients need to be aware that all Medical Aid Schemes send accounts to the Main Member of the scheme and Goldfields Healthcare (Pty) Ltd cannot be held accountable for preserving absolute confidentiality where Third Parties are present. Goldfields Healthcare (Pty) Ltd is required by law to provide certain information for the Medical Aid Scheme and failure to provide the correct information may lead to claims being incorrectly paid or not paid at all.

Regulation 5(f) of the Medical Schemes Act (published in the Government Gazette (№ 20556) of 20 October 1999) states that an account to a Medical Aid must contain the relevant diagnosis. This must be submitted in ICD – 10 diagnostic coding formats. These codes must also appear on prescriptions, letters of referral as well as requests for radiology and pathology tests, therefore the Patient and/or Signatory authorises Goldfields Healthcare (Pty) Ltd, or any attending doctor or healthcare professional to disclose the nature of the patient's diagnosis and/or any health services rendered to the patient, and all and any records, digital records or copies thereof in relation thereto to the patient's medical scheme and/or insurer for authorisation and payment purposes, and the Patient and/or Signatory confirm that he/she are duly authorised to disclose such information to Goldfields Healthcare (Pty) Ltd for processing, and in the event of any disclosure, hold Goldfields Healthcare (Pty) Ltd harmless from any claims whatsoever. The Patient, Signatory and/or main member acknowledges that Patient Records shall be retained for such a period as may be required by law.

INDEMNITY:

To the fullest extent of the law, the Patient and/or Signatory shall indemnify, defend, and hold harmless Goldfields Healthcare (Pty) Ltd, its officers, employees, agents, representatives, consultants, and contractors (*et al*) from and against any and all loss, costs, penalties, fines, damages, claims, expenses (including attorney's fees) or liabilities, disabilities, harm or injury arising out of, resulting from, or in connection with the following actions and will the Patient act at his or her own risk:

-  should the Patient leave the premises of Goldfields Healthcare Sub Acute Hospital with or without consent
-  should the Patient make use of the Goldfields Healthcare Rehabilitation Gym
-  while the Patient is being transported via ambulance to or from Goldfields Healthcare Sub Acute Hospital
-  while the Patient is using transport that is arranged / supplied by Goldfields Healthcare Sub Acute Hospital
-  should the Patient be negligent in their actions and/or behavior, whilst acknowledging the rules of the facility as discussed and signed for at admission.

The Patient and/or Signatory accept and agree that Goldfields Healthcare (Pty) Ltd will not be liable or responsible for any loss, damage or destruction to **any** property or valuables belonging to or in possession of the patient.

Goldfields Healthcare (Pty) Ltd *et al* will take reasonable care in ensuring the safety and well-being of the Patient subject to all applicable laws. The Patient, Signatory and/or the main member agrees that all claims proved against Goldfields Healthcare (Pty) Ltd *et al* for loss or damage, including consequential damage or suffering incurred by the Patient, and / or Signatory arising directly or indirectly from any injury, damage or disability, mental or physical harm (of whatsoever nature) shall be limited in quantum to a maximum of **(R 5 000 000)**, irrespective of whether the claim arises by contract, delict or otherwise and whether for special damages, general damages, consequential damages or any other claims of whatsoever nature.

NON-VARIATION:

These Terms and Conditions constitute the whole agreement between the parties and no amendment or alteration would be of effect unless reduced in writing and signed by both parties.



SEVERABILITY:

The unenforceability and invalidity of any provisions of these Terms and Conditions shall not affect the validity or enforceability of any other provision of these Terms and Conditions, which shall remain in full force and effect.

ACKNOWLEDGEMENTS AND UNDERTAKINGS

By signing this admission form, I, the undersigned, acknowledge that I have read, the information was explained in my language, understand and agree with **the Terms and Conditions** set out in this document and I am signing this document voluntarily and out of my own free will and with full capacity to do so.

Acknowledges and agrees that:

-  All the information on the Patient Data Form reviewed and/or completed by you is true, accurate, and correct, and forms part of this admission form.
-  Where this admission form is signed electronically, it has been signed by way of an electronic signature. A copy of the signed admission form and Patient Data Form will be emailed to you. Please let us know if you do not receive your copy by email. Electronic Transactions

Initial: _____

and Communications Act, 2005, will apply to this admission form in relation to concluding electronic agreements and the validity of electronic signatures.



I have read and understood



I have carefully read and am bound by the terms of this admission form. This admission form will be legally binding, valid and enforceable, on me notwithstanding that

- i) it has been concluded and signed electronically,
- ii) each page has not been initialed by myself, and
- iii) my signature has not been verified by a witness.

Where this admission form is being signed for or on behalf of a minor child (under the age of 18), that you are a competent person (e.g. parent or legal guardian) authorised to sign this admission form for and on behalf of the minor child, that as the parent/legal guardian of the minor child you are bound by and accept the terms and conditions in this admission form and you accept responsibility for payment of all amounts payable to the Hospital.

I, the undersigned further, confirm that all information pertaining to the account herein may be disseminated to any person claiming responsibility for payment of the account and/or the guarantor herein, notwithstanding such an account containing personal information about myself and the services rendered to me by the hospital and the relevant medical practitioners.

I, the undersigned, hereby confirm that Goldfields Healthcare (Pty) Ltd may use the e-mail address as indicated in the patient/guarantor details for communication purposes on accounts and invoices.

ADMISSIONS

PRINT Name and Surname of Patient

Signature of Patient

Date and Time

PRINT Name & Surname of **Guarantor**

Signature of **Guarantor**

PRINT Name & Surname of Admissions Person

DISCHARGE

PRINT Name and Surname of Patient

Signature of Patient

Date and Time

PRINT Name & Surname of **Guarantor**

Signature of **Guarantor**

PRINT Name & Surname of Admissions Person