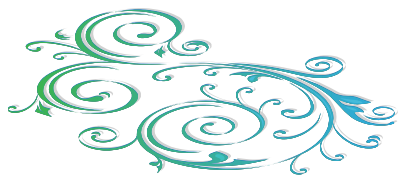


# MARNA LABUSCHAGNE



## CLINICAL PSYCHOLOGIST

Practice number: 0114995 HPCSA number: PS0079839  
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<b>BESONDERHEDE VAN DIE PERSOON WAT MY KLIENT IS</b>			
<b>PARTICULARS OF THE PERSON WHO WILL BE KNOWN AS THE CLIENT</b>			
Van Surname		Pos adres Postal address	
Volle name Full names		Pos kode Postal Code	
Id no /Geboortedatum Id nr/Date of Birth		Woon adres Residential address	
Ouderdom Age			
Geslag (merk met X) Gender (tick with a X)	Manlik Male	Vroulik Female	Pos kode Postal Code
Ras Race	Geloof Religion	Sel nr Cell no	Huis tel Home tel
Verwys deur? Kan ook self wees. Referred by? Can also be self.		Faks Fax	Werk tel Work tel
Mag ek u kontak deur die kontak inligting te gebruik? May I contact you by using the contact details?		E pos Email	
<b>PERSOON VERANTWOORDELIK VIR REKENING /HOOFID VAN MEDIESE FONDS</b>			
<b>PERSON RESPONSIBLE FOR ACCOUNT /MAIN MEMBER OF MEDICAL AID</b>			
Van Surname		Pos adres vir state/rekening Postal address for invoice	
Volle name Full names		Pos kode Postal Code	
Id no /Geboortedatum Id nr/Date of Birth		Woon adres Residential address	
Verwantskap met klient Relation to client		Pos kode Postal Code	
Sel nr Cell no		Faks Fax	Werk tel Work tel
Huis/werk tel Home/work tel		E pos Email	
<b>MEDIESE FONDS BESONDERHEDE</b>		<b>FAMILIE/VRIEND WAT NIE SAAM U WOON NIE</b>	
<b>MEDICAL AID PARTICULARS</b>		<b>FAMILY/FRIEND NOT RESIDING WITH YOU</b>	
Mediese Fonds Naam Medical Aid Name		Van Surname	
Opsie/Plan Option/Plan		Volle name Full names	
Lid nommer Member number		Verwantskap Relation	
Afhanklike kode van klient op kaartjie Dependant code of client on card		Sel nr Cell no	Ander nr Other nr
Het u bevestig of daar fondse beskikbaar is? Did u confirm with your fund if there is funds available?		Adres Address	

The information supplied on this form is true and correct. Cancellations 24 hours in advance.

I have checked funds with my Medical Aid prior to the appointment and in cases where there are no funds I am considered a private patient on date of service. I agree that I remain responsible for payment of all consultations regardless whether I belong to a medical aid or not.

Private patients are to settle their accounts on the same day as the service date by means of EFT payment or as soon as you are informed that the medical aid did not pay or short paid.

Should my account be handed over for collection after 30 days to Netcall Collect, I shall be liable for all attorney and own fees, collection charges and reimbursements. I agree that the account and payment of account is subject to the Prescribed Rate of Interest Act and that I remain liable for mora interest on accounts that have not been settled within 30 days. Credit information can be affected by accounts not settled.

Signature: \_\_\_\_\_

Name and surname: \_\_\_\_\_

Date: \_\_\_\_\_

ID number: \_\_\_\_\_