



**MEDI-CLINIC PRIVATE HOSPITAL GROUP**

**PRE-ADMISSION FORM/VOOROPNAMEVORM**

|               |               |                |
|---------------|---------------|----------------|
| CPT Code/Kode | ICD Code/Kode | SADA Code/Kode |
|---------------|---------------|----------------|

**FOR COMPLETION BY DOCTOR/MOET DEUR DOKTER INGEVUL WORD**

Admitting doctor/Opnamegeneesheer \_\_\_\_\_  
 Date of admission/Opnamedatum \_\_\_\_\_ Time/Tyd \_\_\_\_\_ Date of operation/Operasiedatum \_\_\_\_\_  
 Co-Morbidity/Ko-morbiditeit \_\_\_\_\_  
 Diagnosis and procedure/Diagnose en prosedure \_\_\_\_\_

**FOR COMPLETION BY PATIENT (PLEASE PRINT)/MOET DEUR PASIËNT INGEVUL WORD (DRUKSKRIF ASSEBLIEF)**

Family Doctor/Huisdokter \_\_\_\_\_  
 Dr that referred you to our facility/Dr wat u na ons fasiliteit verwys het \_\_\_\_\_  
 Surname/Van \_\_\_\_\_ Initials/Voorletters \_\_\_\_\_ Title/Titel \_\_\_\_\_  
 Full Name/Voornaam \_\_\_\_\_ Tel No. ( \_\_\_\_ ) \_\_\_\_\_ Cell/Sel \_\_\_\_\_  
 Home address/Woonadres \_\_\_\_\_  
 Code/Kode \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Postal address/Posadres \_\_\_\_\_ Code/Kode \_\_\_\_\_  
 ID No. \_\_\_\_\_ Occupation/Beroep \_\_\_\_\_  
 Date of birth/Geboortedatum \_\_\_\_\_ Religion/Kerkverband \_\_\_\_\_  
 Language/Taal  E  A Gender/Geslag  Male/Manlik  Female/Vroulik  
**Accommodation choice/Verblyfkeuse**  General Ward/Algemene Saal  Semi-private/Semi-privaat\*  Private/Privaat\*  
 \* Wards are subject to availability and carry a daily surcharge. Contact hospital bedbookings for details.  
 \* Sale is onderhewig aan beskikbaarheid 'n Bybetaling moet betaal word. Kontak die hospitaal se bedbesprekingafdeling vir besonderhede.  
 Business name/Besigheidsnaam \_\_\_\_\_ Tel No. ( \_\_\_\_ ) \_\_\_\_\_  
 Employer/Werkgewer \_\_\_\_\_  
 Business address/Werkadres \_\_\_\_\_  
 Next-of-kin/Naasbestaande \_\_\_\_\_ Cell/Sel \_\_\_\_\_  
 Relationship/Verwantskap \_\_\_\_\_ Tel No. ( \_\_\_\_ ) \_\_\_\_\_  
 Other contact person/Ander kontakpersoon \_\_\_\_\_ Cell/Sel \_\_\_\_\_  
 Relationship/Verwantskap \_\_\_\_\_ Tel No. ( \_\_\_\_ ) \_\_\_\_\_

**PLEASE OBTAIN THE FOLLOWING INFORMATION FROM YOUR MEDICAL AID 72 HOURS BEFORE ADMISSION. VERKRY ASSEBLIEF DIE VOLGENDE INLIGTING 72 UUR VOOR OPNAME BY U MEDIESE FONDS**

Medical Aid name/Naam van Mediese Fonds \_\_\_\_\_ \* Option/Opsie \_\_\_\_\_  
 Medical Aid number/Mediese Fondsnummer \_\_\_\_\_ \* Contact person at Medical Aid / Kontak persoon by Mediese Fonds \_\_\_\_\_  
 \*Confirmation No./Bevestigingsnr. \_\_\_\_\_ \*Authorisation No./Magtigingsnr. \_\_\_\_\_  
 \*Medical Aid approved LOS/Medies skema verblyf goedgekeur \_\_\_\_\_ Dependant Code / Afhanklike Kode \_\_\_\_\_

**MAIN MEMBER OF MEDICAL AID/HOOFID VAN MEDIESE FONDS**

Name and surname/Naam en van \_\_\_\_\_ Tel No. ( \_\_\_\_ ) \_\_\_\_\_  
 ID No. \_\_\_\_\_ Relationship/Verwantskap \_\_\_\_\_  
 Postal address/Posadres \_\_\_\_\_ Cell/Sel \_\_\_\_\_  
 \_\_\_\_\_ Code/Kode \_\_\_\_\_  
 Occupation/Beroep \_\_\_\_\_  
 Employer/Werkgewer \_\_\_\_\_ Tel No. ( \_\_\_\_ ) \_\_\_\_\_  
 Business address/Werkadres \_\_\_\_\_ Code/Kode \_\_\_\_\_

This form must be handed in at Reception at least 48 hours prior to admission. / Hierdie vorm moet ten minste 48 uur voor opname by Ontvangs ingehandig word. Medical Aid membership card and ID document must be produced upon admission. / Pasiënte moet by opname hul mediese fondse kaart en ID-dokument toon.

THE INFORMATION GIVEN IS TRUE AND CORRECT / INLIGTING GEGEE IS WAAR EN KORREK

SIGNED/GETEKEN ..... DATE/DATUM .....

**PRIVATE PATIENTS** are required to pay an admission deposit. Contact hospital accounts department for details. **PRIVAAT PASIËNTE** moet 'n deposito met toelating betaal. Kontak die rekeningafdeling van die hospitaal vir nadere inligting.

Completed by/Voltooi deur \_\_\_\_\_ Signature/Handtekening \_\_\_\_\_ Date/Datum \_\_\_\_\_

## CONDITIONS FOR ADMISSION

### GUARANTEE OF PAYMENT

Any person who signs this Form of Admission, whether as patient, guardian, on behalf of the patient, or as guarantor of the patient:

- Agrees to be jointly (where applicable) and severally liable for payment of the hospital account in respect of the services rendered to such a patient, notwithstanding any claim arising from a medical scheme or insurance cover. Where this form provides for signature by more than one person, the guarantor shall remain bound notwithstanding that no such other person(s) signs the form.
- Is expected to have acquainted him-/herself with all the terms and tariffs of this hospital and to have noted that:
  - The daily tariff is only in respect of accommodation;
  - the account is payable in full on rendering thereof; and
  - In the event of an account being in arrears, the amount owing draws interest from date of discharge to the date of payment at a rate of 15.5% per annum.
- Undertakes, in the event of an account being unsettled for any reason and being referred to attorneys for collection, to be jointly and severally liable for the payment of all costs on an attorney and own client scale, all collection commission and all tracing costs. All outstanding amounts will be recovered in the following order: attorneys' fees, collection commission, tracing fees, interest and lastly capital. A certificate signed by the hospital manager will constitute sufficient proof of the debt or any part thereof on a given date, and will be regarded as correct unless the signatory proves the contrary.
- Warrants hereby that (where applicable):
  - Such signatory and/or patient is/are bona fide member(s) of the medical scheme mentioned in this admission register;
  - the person receiving treatment, is a bona fide dependant;
  - there are preference funds available for such patient; and
  - that he/she has not been sequestrated and does not suffer from any legal or contractual disability.
- Authorises the hospital to present for payment to the said medical scheme any account owed to the hospital by the patient and/or the signatory, on behalf of such debtor. Notwithstanding the aforesaid, it is specifically recorded that it remains the debtor's duty to ensure that all accounts are submitted to the medical scheme timeously. The hospital shall incur no liability in instances where accounts are not submitted to the medical scheme timeously.
- Chooses *domicilium citandi et executandi* at the abovementioned address.

### JURISDICTION

The legal relations between the debtor and the hospital, Medi-Clinic Limited, and any of their employees, agents and/or any other persons for whom the aforementioned parties are vicariously liable in law (hereafter referred to as "the hospital et al"), arising directly or indirectly from the admission of the patient to the hospital or in respect of any treatment administered to the patient in the hospital, shall be determined exclusively in accordance with the Laws of the Republic of South Africa/Namibia (as the case may be) in the Republic of South Africa/Namibia (as the case may be). Any competent Magistrate's Court in the Republic of South Africa/Namibia (as the case may be), or at the election of the hospital et al, the High Court, shall have jurisdiction in all matters so arising, notwithstanding the amount of the cause of action.

### INDEMNITY

It is an explicit condition for admission to this hospital that the hospital et al will not be liable for the loss of or damage to the personal belongings of patients, except where such belongings were handed in for safe custody and a safe custody receipt, issued on behalf of the hospital, can be produced.

The hospital et al will take the care that can reasonably be expected in ensuring the safety and well-being of the patient in the hospital. The patient, the patient's guardian and/or the signatory(ies) agree that all claims proved against the hospital et al for loss, damage (including consequential damage) or expenses suffered or incurred by the patient, the patient's guardian, the signatory(ies) and/or the patient's dependents, arising directly or indirectly from any injury, disability, mental or physical damage (of whatsoever nature) suffered by the patient resulting from any act or omission (of whatsoever nature) by the hospital et al, shall be limited to a maximum amount of R5 million. This applies irrespective of whether the claim arises by contract, delict or otherwise and whether for special damages, general damages, consequential damages or other loss, expense or charge of whatsoever nature.

### GENERAL

No amendment or deletion of any part of this document shall be effective unless the hospital manager (or his authorised representative) signs next to each variation or deletion.

By affixing his/her signature hereto the signatory confirms that he/she does so willingly and without any duress of any nature and confirms furthermore the he/she agrees to these conditions for admission and that no misrepresentation with regard to the content hereof has been made by the hospital et al.

## VOORWAARDES VIR OPNAME

### WAARBORG VIR BETALING

Enige persoon wat hierdie Toelatingsvorm teken, hetsy as pasiënt, voog, namens die pasiënt of as borg van die pasiënt:

- Stem toe om gesamentlik (waar van toepassing) en afsonderlik aanspreeklik te wees vir betaling van die hospitaalrekening ten opsigte van dienste aan sodanige pasiënt gelewer, ongeag enige eis ingevolge 'n mediese skema of versekeringsdekking. Waar hierdie vorm vir die handtekening van meer as een persoon voorsiening maak, sal die borg aanspreeklik wees ongeag 'n gebrek aan handtekeninge deur die ander persone.
- Word geag hom/haar te vergewis het van al die terme en tariewe van hierdie hospitaal en daarop te gelet het dat:
  - die daaglikse tarief slegs ten opsigte van akkommodasie is;
  - die rekening teen lewering daarvan ten volle betaalbaar is; en
  - indien 'n rekening agterstallig is, sal die verskuldigde bedrag rente dra vanaf die datum van ontslag tot datum van betaling teen 'n koers van 15,5% per annum.
- Onderneem om, indien die rekening om enige rede onverreën is en na prokureurs verwys word vir invordering, gesamentlik en afsonderlik aanspreeklik te wees vir die betaling van alle koste op 'n prokureur- en eie-kliënt skaal, alle invorderingskommissie en alle opsporingsfoeie. Alle uitstaande bedrae sal in die volgende volgorde ingevorder word: prokureursfoeie, invorderingskommissie, opsporingskoste, rente en laastens kapitaal. 'n Sertifikaat deur die hospitaalbestuurder onderteken sal voldoende bewys van die skuld of 'n gedeelte daarvan op 'n gegewe datum wees en sal as korrek aanvaar word tensy die ondergetekende die teendeel bewys.
- Waarborg hiermee dat (waar van toepassing):
  - sodanige ondertekenaar en/of pasiënt 'n bona fide lid/lede van die mediese skema genoem in hierdie toelatingsregister, is;
  - die persoon wat behandeling ontvang 'n bona fide afhanklike is;
  - daar voordeelfondse beskikbaar vir sodanige pasiënt is; en
  - dat hy of sy nie gesekwestreer is en nie onderhewig aan enige wetlike of kontraktuele vermoënsgebrek is nie.
- Magtig die hospitaal om enige rekening verskuldig deur die pasiënt en/of die ondertekenaar aan die hospitaal namens sodanige skuldenaar aan die genoemde mediese skema voor te lê vir betaling. Desnieteenstaande die voorafgaande word daar spesifiek bepaal dat dit die skuldenaar se uitsluitlike plig bly om die rekening tydlig by die mediese skema in te dien. Die hospitaal sal geen aanspreeklikheid aanvaar in gevalle waar rekening nie tydlig by die mediese skema ingedien is nie.
- Kies *domicilium citandi et executandi* te bogenoemde adres.

### JURISDIKSIE

Die regsverhouding tussen die skuldenaar en die hospitaal, Medi-Clinic Beperk, en enige van sy werknemers, agente en/of enige ander persoon teenoor wie middelike aanspreeklikheid gehou mag word (hierna genoem "die hospitaal et al") wat direk of indirek ontstaan uit die toelating van die pasiënt tot die hospitaal of ten gevolge van enige behandeling wat die pasiënt in die hospitaal ontvang, sal uitsluitlik beheer word deur die Reg van die Republiek van Suid-Afrika/Namibië (na gelang van die geval) in die Republiek van Suid-Afrika/Namibië (na gelang van die geval). Enige bevoegde Landdroshof in die Republiek van Suid-Afrika/Namibië (na gelang van die geval), of volgens die keuse van die hospitaal et al, die Hoërhof, sal jurisdiksie hê in sake wat so ontstaan, nieteenstaande die bedrag van die skuldoorsaak.

### VRYWARING

Dit is 'n uitdruklike voorwaarde van toelating tot hierdie hospitaal dat die hospitaal et al nie aanspreeklik sal wees vir die verlies of beskadiging van pasiënte se persoonlike goedere nie, behalwe in gevalle waar sodanige goedere vir veilige bewaring ingelewer is en 'n veilige bewaringsontvangsbewys namens die hospitaal uitgereik, getoon kan word.

Die hospitaal et al sal die sorg neem wat redelikerwys verwag kan word om die veiligheid en welsyn van die pasiënt in die hospitaal te verseker. Die pasiënt, die pasiënt se voog en/of die ondertekenaar(s) stem toe dat alle eise bewys teen die hospitaal et al, vir verlies, skade (ingesluit gevolgskaade) of uitgawes direk of indirek gely of aangegaan deur die pasiënt, die pasiënt se voog, die ondertekenaar(s) en/of die pasiënt se afhanklikes direk of indirek as gevolg van enige besering, ongeskiktheid, geestelike of fisiese skade (van watter aard ook) opgedoen deur die pasiënt, wat voortvloei uit enige doen of late (van watter aard ook) deur die hospitaal et al, beperk sal word tot 'n maksimum bedrag van R5 miljoen. Dit is ongeag of die eis as gevolg van kontrakbreuk, delik of andersins ontstaan en of die eis vir spesiale skade, algemene skade, gevolgskaade of enige ander verlies, uitgawes of onkoste van watter aard ook mag wees.

### ALGEMEEN

Geen wysiging of deuring van enige gedeelte van hierdie dokument sal effektief wees nie, tensy die hospitaalbestuurder (of sy gemagtigde verteenwoordiger) teenoor elke wysiging of deuring teken.

Deur sy/haar handtekening hierop aan te bring, bevestig die ondergetekende dat hy/sy dit vrywillig en sonder enige dwang onderteken en bevestig hy/sy voorts dat hy/sy tot hierdie toelatingsvoorwaardes toestem en dat geen wanvoorstelling betreffende die inhoud hiervan deur die hospitaal et al gemaak is nie.

### ADMISSION / TOELATING

PATIENT/GUARDIAN/ON BEHALF OF PATIENT  
PASIËNT/VOOG/NAMENS PASIËNT .....

PRINT / NAAM IN  
NAME HERE / DRUKSKRIF .....

GUARANTOR  
BORG .....

PRINT / NAAM IN  
NAME HERE / DRUKSKRIF .....

DATE AND TIME/DATUM EN TYD .....

ONTVANGS-  
RECEPTIONIST/ PERSOON .....

### DISCHARGE / ONTSLAG

PATIENT/GUARDIAN/ON BEHALF OF PATIENT  
PASIËNT/VOOG/NAMENS PASIËNT .....

PRINT / NAAM IN  
NAME HERE / DRUKSKRIF .....

GUARANTOR  
BORG .....

PRINT / NAAM IN  
NAME HERE / DRUKSKRIF .....

DATE AND TIME/DATUM EN TYD .....

ONTVANGS-  
RECEPTIONIST/ PERSOON .....