

Patient Registration Form

(Please write legibly to ensure accurate data capturing)

By completing this form, you acknowledge that you have read the terms and conditions of the service on our website.

DETAILS OF MAIN MEMBER (Person responsible for account and/or main member of medical aid [if applicable]and/or legal guardian)											
SURNAME:											
FULL NAME (s):										TITLE:	
ID/PASSPORT NUMBER:											
EMAIL:											
ADDRESS:											
											CODE:

MEDICAL AID DETAILS		(IF APPLICABLE)
Please complete these details accurately to ensure that your account reflects the correct details		
MEDICAL AID NAME:		
OPTION:		
MEDICAL AID NUMBER:		

Contact number/s to be registered on our system NB. These numbers identify you as a registered patient and must be accurate		

247 GP After Care

Members to be registered for the service:			
1. Must be existing patients of 247GP			
2. Must have consulted with a doctor of 247GP			
DEP. NO.	FULL NAME and SURNAME	MALE/ FEMALE	ID NUMBER/DATE OF BIRTH
		M	
		F	
		M	
		F	
		M	
		F	
		M	
		F	
		M	
		F	
		M	
		F	

Documentation to be provided:

- Copy of ID document, passport or drivers licence
- Copy of medical aid card

Email completed registration form and additional documents to bookings@247gp.co.za

A confirmation email will be sent once you have been registered

AGREEMENT BY PATIENT

I understand that payment of services rendered remains my responsibility. I agree that should my account be handed over for collection, I shall be liable for all attorney and own client fees, collection charges and all disbursements. 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. I agree to inspection of and negative listing of my credit information should my account timeously. I choose the above address as my domicilium citandi et executandi for all purposes in terms of this agreement.

Furthermore, I hereby declare that the above information furnished by me is true and correct in all respects.

Signature:	Date: _____/20
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