MEDICAL FILE

Patient Details

Surname	First Names
Date of birth	ID Number

Cell No.	Email	Home Language

Person Responsible for the Account

Surname	First Names
Date of birth	ID Number

Home Address	Code
Cell No.	Email

Medical Aid Details

Medical Aid Name	Medical Aid Number
Plan Type	Name of main member:

NATIONAL CREDIT ACT REGULATIONS

- Presentation & signature of a quotation is legally binding. Orders cannot be cancelled under any circumstances after signing a quotation. According to the National Credit Act, we cannot provide any credit as we are not registered credit providers and therefore all amounts due are payable on presentation of an invoice. No spectacles will be ordered with our receiving 50% deposit.
- Failure to settle any outstanding amounts:
  - I hereby authorise the supplier to personally or via a third party, collect any amount outstanding as per my agreement with the supplier.
  - Legal fees, as prescribed by the Law society, will apply.
  - Collection fees as prescribed by the Usary Act will apply.
  - I hereby agree that the supplier can enquire to the Credit Bureaus and display my payment history to the Credit Bureaus as per agreement.
  - I undertake to pay all attorney and client costs should legal action proceed.
- I reserve the unequivocal right to have the person responsible for the account listed on the TransUnion ITC and take such steps as deemed necessary.

MEDICAL AID ESTIMATIONS

- If you require, we will submit your account to your medical aid for direct payment to us.
- Medical Aids only contribute a portion of your account.
- Although every effort is made to confirm the correct amount contributed by the medical aid, it is hereby an estimate, and can therefore change based on eventual feedback from the medical aid.
- Any amount not paid by the medical aid is payable by you.

I, _____, the undersigned, have read and I understand and I agree to the conditions above.

Signature _____ Date _____/_____/_____