

Registration Details

Corina Avni - Registered Physiotherapist

Room 100 Fairfield Suites, Kingsbury Hospital, Wilderness Rd, Claremont, Cape Town 7708

Practice Number 0052205

PELVIC FUNCTION



PATIENT DETAILS

Title:..... Surname: First Name:

ID Number: Date of birth:

Home or Postal Address: Post Code.....

Tel:(home) Tel:.....(work) Cell:

Email: Occupation:

G.P.: Specialist: Referred by:

MEDICAL AID DETAILS

To be added to your account, for your convenience when you claim **directly** from your medical aid.

Medical Aid Name: Medical Aid Option/Plan:.....

Main Member's Name: Patient Dependant Number.....

Number: ID Number:

NEXT OF KIN (if different from above) Name: Tel:

This practice offers specialist services, devoted to the many functions and dysfunctions of the pelvis. Assessment and treatment is complex and complicated, involving multiple systems. The focus is on accurate assessment to inform appropriate treatment.

COSTS AND FEES

This is a **Cash Practice**. Settlement is on the day. Payment via cash or EFT.

- Initial consult: R1100-R1250 (up to 60mins)
R1300-R1600 (for 60-90mins)
- Follow-up consults: R450-R650 (up to 30mins)
R700-R900 (for 30-45mins)
R950-R1150 (for 45-60mins)

Costs are approximate, due to specific billing codes used, based on assessment and treatment options.

Duration of the follow-up consult will be booked according to anticipated need at preceding session.

Outstanding accounts will be charged at:

Interest rate	2% per month after 30days
Admin fee	R50 after 60days
Debt collection procedures	after 90 days

This practice will not be involved in any Medical Aid disputes.

CANCELLATION POLICY

We have a Cancellation Policy; cancellations need to be made by **17h00** (5pm) the day before. In the event of a same day cancellation, every effort will be made to fill the slot (no charge), but if we are unable to find someone at short notice, there is a cancellation fee of **R600** for un-kept appointments. The majority of these bookings are 60mins.

Please cancel appointments directly to the practice cell-phone on **0832582843**.

Sms'es are not considered adequate notice due to the high failure rate. Insist on a confirmed cancellation.

I HEREBY ACCEPT FULL RESPONSIBILITY FOR THE PAYMENT OF THE ACCOUNT.

Signature: At Kingsbury Hospital, Claremont Date:/...../20.....