Dr Mahendran Moodley
Dermatologist – Pr no: 0388602

General Practitioner (GP) details: _____ File #

How did you hear or get to know about Dr Moodley? _____

REFERRED BY : Dr_____ *(If applicable)*

Please list current Medication /Medical History	Allergies

PATIENT DETAILS: *Payment Method*: Cash: _____ or Credit Card : _____

* Please note: American Express/Diners and RCS cards are not acceptable

Title: Prof / Dr / Mr / Mrs / Master / Miss / Ms Initial/s: _____

Surname: _____ Full Name: _____

ID Number: _____ Date of Birth: _____

Address: _____ Code: _____

Tel: (Home) _____ (Work) _____

Cell number _____ Email: _____

Employer: _____ Occupation: _____

NEXT OF KIN: _____ CONTACT NO. _____

DO YOU REQUIRE A STATEMENT TO CLAIM BACK FROM YOUR MEDICAL AID? _____

MEDICAL AID Details : *to be completed correctly*

Medical Aid: _____ Member Number: _____

Member Plan: _____ Patient's Dependant Code:*** _____

MAIN MEMBER OF MEDICAL AID if not the Patient

Title: Prof / Dr / Mr / Mrs / Master / Miss / Ms Initial/s: _____

Surname: _____ Full Name: _____

ID Number: _____ Date of Birth: _____

Tel: (Home) _____ (Work) _____

Cell number _____ Email: _____

Employer: _____ Occupation: _____

***Consultation Fee: R850 –** A consultation usually lasts 15 minutes. Prolonged consultations longer than 20 minutes will be billed accordingly. Procedures, mole checks, liquid nitrogen and products are billed separately. **Also note that all pathology/laboratory tests are for your own account.** To assist Dr Moodley, please ensure that the current medication section above is fully completed. By signing this form you acknowledge having read and understood the addendum to patient registration form shown to you before your appointment. For more details about the practice please go to our website at **www.capetowndermatologist.com.**

I hereby acknowledge that I will be personally responsible to settle my account on the day of the consultation, otherwise I will be held liable for interest that may accumulate and legal charges that may arise. I am fully aware that Dr Moodley runs a private practice. The rates billed for consultations and procedures are up to 2 to 3 times the medical aid rates. Estimates for procedures are provided on request. I am aware that the practice does not liaise with any medical aids, and I am responsible for liaising with my medical aid regarding refunds, submission of accounts and other enquiries. The practice will issue a detailed statement to you, so you can submit to your medical aid. You will be reimbursed according to your plan type.

SIGNATURE: _____ DATE: _____