Dr Mahendran Moodley
Dermatologist – Practice no: 0388602

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

Referred by: _____

Please list current Medication /Medical History	**Allergies**

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

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

Title: 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: _____

A dermatology consultation is 15-20minutes. Procedures including 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.

I understand that the details supplied by me on this form are protected in terms of the POPI legislation. 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. There is an admin fee for the writing of motivations, repeat/lost scripts and completion of forms.

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: _____