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CONSENT TO FEES BEING CHARGED BY THIS PRACTICE

I, the undersigned, do hereby -

- Acknowledge that I have been informed that this practice does not charge the rates that the department of health has unilaterally determined for doctors and which are known as the reference Price List (RPL)
- Confirm that I am aware that this practice fees are charged at up to 2 times the RPL.
- Confirm that I am aware that the RPL values for services are available from the Department of Health (Tel no: 012 312 0000) and the Health Professions Council of South Africa (012 338 9300) and www.doh.gov.za
- Accept that I'm fully responsible for payment for services rendered and should I not pay timeously, understand that I will be liable for Debt recovery costs on an attorney and own client scale.

Date:

Name:

Signature: