

Dr Dagmar Whitaker

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Dermatologist / Dermatoloog

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CONSENT TO FEES BEING CHARGED BY THIS PRACTICE

I, the undersigned, do hereby :

- Confirm that I am aware that I settle the account in full on the day of consultation;
- 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 rate;
- I am aware that this is a Private Practice and does not submit accounts to the Medical Aids – patients are responsible to ensure their Medical Aids receive the statements for refund to the patient
- 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 am fully responsible for payment for services rendered and should I not pay timeously, understand that I will be liable for Debt Recovery costs and an attorney costs.

Date : _____

Name : _____

Signature : _____