



**-N·H·C-**  
**MEDICAL & DENTAL CENTRE**

NHCAcc number \_\_\_\_\_

Postal Address:

P.O. Box 2967  
Northcliff 2115  
Website: www.nhcltd.com

**MAIN MEMBER DETAILS (PERSON OR ENTITY RESPONSIBLE FOR PAYMENT OF THE ACCOUNT)**

Surname \_\_\_\_\_  
Full names \_\_\_\_\_  
Initials \_\_\_\_\_ Title \_\_\_\_\_  
Gender Male  Female   
Identity number \_\_\_\_\_  
Home telephone number \_\_\_\_\_  
Employer \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Postal address \_\_\_\_\_  
Postal code \_\_\_\_\_  
Name of next of kin \_\_\_\_\_  
Relationship \_\_\_\_\_

Language preferences of communication

English  Afrikaans  Other

Type of ID RSA ID  Passport  Other

Cell no \_\_\_\_\_  
Work tel no \_\_\_\_\_  
Home Address \_\_\_\_\_  
Postal code \_\_\_\_\_  
Tel number \_\_\_\_\_

I give permission that the NHC professionals and medical & dental centres may communicate with me via electronic media (sms, emails etc). Yes  No

Signature \_\_\_\_\_  
Medical aid or Hospital Plan \_\_\_\_\_  
Medical aid option \_\_\_\_\_  
Medical aid number \_\_\_\_\_

Doctor \_\_\_\_\_  
Referring Doctor \_\_\_\_\_

MEDICAL HISTORY			
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chronic Medication
High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Allergy to local anaesthetic
Heart Disease/High Cholesterol	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Allergy to iodine
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Allergy to Penicillin
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other -

PATIENT DETAIL (IF PATIENT IS NOT THE MAIN MEMBER)				
	1	2	3	4
Surname				
Full Names				
Initials				
Title				
ID no / DOB				
Gender				
Relation to main member				
Dependant number				
Home tel number				
Cell number				
Email				



TERMS AND CONDITIONS – Detailed copy available at reception and online – [www.nheltd.com](http://www.nheltd.com)

**The Patient and Signatory's attention is drawn to the following:-**

1. Nimpa Ltd ("Nimpa") is the owner of the NHC Medical and Dental Centre ("NHC") and: -
  - 1.1. Is only responsible for the administration of the NHC and the collection of payment of all amounts owed by Patients in terms of the medical and health related treatments ("Treatment") received by them;
  - 1.2. Has no control whatsoever over the acts, omissions and/or activities of the Medical Practitioners and may not be held liable.
2. The Medical Practitioners at the NHC:
  - 2.1. Are not employees, agents, or representatives of Nimpa or the NHC; and
  - 2.2. Render their services to the Patients as independent practitioners who may form part of an Incorporated entity ("Inc.");
3. The Patient and the Signatory consent to Nimpa sending them general marketing material (subject at all times to the Patient and/or the Signatory's right to elect to no longer receive such communication from Nimpa), whether by text message, email, Facebook or otherwise.

**The Patient and the Signatory understand that Nimpa and/or the Medical Practitioner, in its/their sole discretion, may refuse Treatment to the Patient, in the event that the Patient and/or Signatory elect not to sign these Terms and Conditions.**

**PAYMENT TERMS AND INVOICING**

4. Nimpa shall submit an invoice to the Signatory, on behalf of the Inc., for payment in respect of the Treatment received by the Patient;
5. All invoices shall be payable by the Signatory on receipt;
6. Nimpa however, reserves the right to require payment in advance of all or part of any amount/s which may become payable in respect of the Treatment of the Patient;
7. The Signatory undertakes personal liability for payment of all amounts payable to the Inc. in respect of and incidental to the Treatment of the Patient, notwithstanding the fact that the Patient may be a member of, or a dependant under a medical aid/medical benefit scheme;
8. The amounts payable to the Inc. in respect of and incidental to the Treatment of the Patient shall be calculated on the basis of the fees, rates and charges imposed by the applicable Medical Practitioner on the date of the Treatment;
9. In the event of any amount owed to the Inc. not being paid on the due date, the Inc. shall be entitled, in its sole discretion, to claim interest on the outstanding amount owed to it, at a rate of 2% (two percent) per month;
10. The Signatory further undertakes that he/she shall be liable for all legal costs incurred by Nimpa and/or the Inc. in recovering any outstanding amounts owed to it in respect of the Treatment of the Patient, which costs shall be calculated on the attorney client scale and shall include collection commission;
11. All amounts payable to the Inc. in terms of this Agreement exclude VAT.

**INDEMNITY**

12. The Patient and Signatory hereby indemnify Nimpa and the Inc. and their employees and agents against and hold them harmless in respect of:
  - 12.1. Any claim, award, judgment, costs and expenses which may be made, awarded, or suffered by Nimpa or the Inc. resulting from the Treatment of the Patient at the NHC, whether directly, or indirectly;
  - 12.2. Any claim, damages, actions and/or liabilities and costs including without limitation direct, indirect, incidental, special, consequential or punitive damages/loss incurred by the Patient (or his/her heirs and dependents) as a result of the Patient's attendance at the NHC and/or his/her Treatment;

12.3. The loss of, or damage to any of the Patient's possessions (including money and other valuables), which were not handed in at the reception of the NHC for safe keeping, in which event an official receipt would have been issued by Nimpa.

13. The Patient and Signatory expressly absolve Nimpa and the Inc., together with their agents and employees from all liability for any loss and/or damage of whatever nature, whether arising in delict or for breach of contract, including but not limited to consequential loss or damage, arising directly or indirectly out of any act or omission and/or breach and/or injury (including death) sustained by and or harm caused to the Patient or any disease contracted by the Patient (including terminal disease) whatever the cause may be, whilst receiving Treatment.
14. The indemnities contained above shall not apply if the claim, award, judgment, costs, expenses, damages, actions, liabilities, death and/or disease were caused by the gross negligence of Nimpa or the Inc., or either of their agents and/or employees.

**PERSONAL INFORMATION**

15. Nimpa and/or the Inc. will collect, use and disclose the Personal Information ("Info") for the purposes of, through the Medical Practitioners, providing the Patient with healthcare and for directly related purposes, including:
  - 15.1. Disclosing such Info, as required by the Patient's medical aid provider and/or the Compensation Commissioner or insurer (or to any of their agents), to whom a claim is submitted, in relation to the amounts payable in relation to the Treatment received by the Patient;
  - 15.2. Contacting the account holder/main member of the medical aid scheme of which the Patient is a member, and disclosing the Info to the aforesaid person, to the extent reasonably required in order to enable Nimpa (or its duly authorised agent) to obtain payment of its invoice in relation to the Treatment rendered to the Patient;
  - 15.3. To notify the Patient via a text message sent to his/her cellphone number, when such Patient checks in at the NHC;
  - 15.4. Marketing the full range of services offered by Nimpa and the Inc. to the Patient from time to time;
  - 15.5. To maintain medical records as required in terms of Nimpa's internal policies and by law; and
  - 15.6. Any other purposes required or permitted by law.
16. The Patient and Signatory understand that Nimpa and the Inc. may outsource some of its/their services, which may involve Nimpa and/or the Inc. sharing Info between each other, as well as with third parties in order to enable the required services to be rendered to the Patient;
- 16.1. Nimpa and the Inc. shall ensure that the third parties agree to be bound by the provisions of the Protection of Personal Information Act 4 of 2013 to the extent applicable;
17. Although Nimpa and/or the Inc. will usually collect the Info directly from the Patient and/or the Signatory, Nimpa and/or the Inc. may need to collect the aforesaid Info from a third party (for example, a relative or another health service provider). Nimpa and the Inc. undertake that they shall only do so with the Patient and/or the Signatory's express consent, or where the Patient's life is at risk and the Patient is in need of emergency treatment.
18. The Patient and Signatory consent to the Info being disclosed to the other Nimpa facilities and their Medical Practitioners in order to efficiently coordinate the Patient's Treatment.

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of

\_\_\_\_\_ 20 \_\_\_\_\_

Full name and surname: \_\_\_\_\_

Signature: \_\_\_\_\_