

MDC Pain Centres Namibia

Dr CM de Villiers
MB.BCh, FRCS, FRCS, FIPP
Pain Specialist
PR. No: 2804050

Please note the following:

- Patients are directly responsible for settlement of consultations.
- We do not charge medical aid rates for operations, however all hospital visits and aftercare for four months are inclusive.
- Medical Aid accounts will be handed over to IPC at 120 days. Private accounts will be handed over at 90 days. Interest and administration will be charged on overdue accounts.

Patient Details

Surname: _____ Prof/Dr/Mr/Mrs/Miss/Mast.
Full Name: _____ Occupation : _____
ID Number: _____ Date of Birth: _____
Physical Address: _____
_____ Code: _____
Postal address _____
_____ Code: _____
Email Address: _____
Tel No: (H) _____ (W) _____ (Cell) _____
Referring Doctor: _____ General Practitioner: _____
Medical Aid: _____ Number: _____ Option: _____
Principal Member: _____

Person Responsible For Account

Surname: _____ Prof/Dr/Mr/Mrs/Miss/Mast.
Full Name: _____
ID Number: _____ Date of Birth: _____
Physical Address: _____
_____ Code: _____
Postal
Address _____
_____ Code: _____
(If different from above)
Tel No: (H) _____ (W) _____ (Cell) _____
Employer's Name & Address: _____

I understand and agree to the following:

- I am personally responsible for payment of this account and will ensure submission to the medical aid. (except Workmen' s Compensation Injuries)
- Fees are payable at time of consultation.
- Private patients: I undertake to settle account on presentation thereof.

I confirm that the above details are correct, and will notify you of any changes within 14 days.

Signature: _____ Date: _____