

Dr Leneque X Lindeque Inc.

Obstetrician and Gynaecologist

PR No: 0160000511226



PRACTICE INFORMATION FORM / PRAKTYK INLIGTING VORM

Dear Valued Patient

Welcome to the practice of Dr Leneque Lindeque, Obstetrician and Gynaecologist. The following information sheet will help you become familiar with our practice, and will assist us to streamline the administration of the practice.

This notice also serves to bring to your attention that **Dr Lindeque runs a cash practice**. She is not contracted with any of the medical aids and all consultations will be payable in cash or card on the day of the consultations.

We submit **in hospital** accounts to the medical aids.

The in hospital accounts **will not be covered in full** by the medical aid. The short payment will be payable by the patient within 10 days of notification by sms or email.

Email address for accounts: _____

Cell phone number: _____

1. Patient Information page (attached)

Please complete and submit your patient information page. Kindly email the form back to us together with the signed indemnity/consent forms as confirmation of your appointment.

2. Indemnity Forms and Informed Consent Documentation (attached)

There are two attachments that you need to read, understand and sign:

2.1 General Indemnity

2.2 Terms and Conditions of Service

You need to read through these documents carefully as they contain some very important information that we are obliged to provide to you in terms of the new Consumer Protection Act. You are requested to sign at the bottom of each page in order to confirm your understanding and consent to the statements contained in the indemnity. Please complete these at your soonest convenience and email back to us as confirmation of your appointment.

3. General Fee Structure

This practice charges private rates. Medical Aid will not cover the entire bill. The fee structure does not include all procedures done during consultation.

All in-room consultations: to be settled on the date of treatment. We do not submit accounts / invoices to Medical Aid. We accept most debit and credit cards at the practice. Unfortunately we do not accept cheques.

In-hospital visits and **procedures** including **deliveries** to be paid within **30 days**.

Dr Leneque X Lindeque Inc.

Obstetrician and Gynaecologist

PR No: 0160000511226



PRACTICE INFORMATION FORM / PRAKTYK INLIGTING VORM

Please feel free to ask the receptionist for a quote prior to committing to medical care by Dr Lindeque.

4. Communication with Dr Lindeque and her patients:

Communication is invariably undertaken via the receptionist. It is advised to schedule a consultation as opposed to corresponding via email. Patients in possession of Dr Lindeque's phone number are requested to use it for purely social interaction and in the case of dire emergencies only. Dr Lindeque does not schedule appointments directly with patients. Dr Lindeque maintains the right to charge fees for the following: Writing of special motivation to medical aids, writing of repeat scripts.

5. Consent for correspondence via short message service (SMS)

In order to improve efficiency, normal test results can be communicated via SMS to patients.

6. Emergencies

In case of an emergency during office hours please phone the rooms on (032) 586 0723 and leave a message with reception who will ensure that Dr gets the message ASAP. You will be contacted in a short while with instructions on what to do next. This procedure applies to existing patients only.

For new patients: (patients with whom Dr has not yet consulted), please see your General Practitioner who will then refer you appropriately and liaise directly with Dr.

7. After Hours Emergencies:

In case of an emergency after hours – please contact the Accident and Emergency unit at Netcare Alberlito on (032) 9466711/2 for non-pregnancy patients and patients less than 24 weeks pregnant. For patients 24 weeks or more pregnant, please contact Maternity ward on (032) 9466771.

***Weekend after-hours are shared with other colleagues at the hospital. If Dr Lindeque is not on duty, either one of the other gynaecologists will assist patients.**

8. Punctuality:

Due to the nature of Dr Lindeque's profession, she may run late. You are welcome to phone the rooms one hour before your appointment to see if we are on time. Please remember that the next time it could be you. We thank you in advance for your understanding.

Yours in healthcare,

Patient Name: _____ Patient Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

Dr Leneque X Lindeque Inc.

Obstetrician and Gynaecologist

PR No: 0160000511226



PRACTICE INFORMATION FORM / PRAKTYK INLIGTING VORM

DR LENEQUE LINDEQUE: TERMS AND CONDITIONS

In contracting with any of the medical practice of Dr Leneque Lindeque, I _____ (full name) acknowledge and understand the following: Dr Lindeque is contracted out of the so-called medical aid tariff structure.

I know in advance that any reimbursement that may be given to me from my medical aid consequent upon my payment for the above treatment will invariably be less than that which I paid, on account that the relevant practitioners are contracted out of medical aid tariffs.

I acknowledge that the said reimbursement that I may receive from my medical aid is entirely dependent upon the contractual relationship between the medical aid that I have chosen, and myself, and is completely independent of the relationship that I have with Dr Lindeque.

I acknowledge that Dr Lindeque maintains the right to charge fees for the following: Writing of special motivation to medical aids, writing of repeat scripts, giving lengthy feedback on any results or any query via e-mail.

Dr Lindeque shall, at all relevant times, inform me of the nature of the treatment or procedure that is being recommended to me, including all relevant risks and expected benefits thereof. I will be treated on the basis that I fully disclose all relevant health-related conditions, allergies and illnesses to Dr Lindeque, which I hereby duly undertake to do. If I have doubt as to whether a condition, allergy or illness is relevant, I undertake to check same with Dr Lindeque.

All information given by me to Dr Lindeque is, insofar as I am aware, true and correct as at the relevant date, and is furthermore, a comprehensive account of my physical state as at such date. To the extent that Dr Lindeque relies on any information furnished by me to her, and it transpires that such information is in fact not a true reflection of my health and / or physical state (a misrepresentation), then I accept responsibility, financial and otherwise, for any harm or damage that I may suffer as a result of such misrepresentation.

Dr Lindeque may, from time to time, recommend a variety of products and dietary supplements, as and when needed. To the extent that a particular brand of product / supplement is recommended to me, I acknowledge that I am not obliged to utilise such specified brand, and I further understand that I am entitled to enquire of my medical practitioners / health professionals the benefits of one specified brand over any other.

Unless specified otherwise, the use of generic drugs as opposed to patented drugs is acceptable, however, I acknowledge that there may be small differences between the generic drugs and patented drugs in respect of the absorption rate, mode of delivery, efficacy and / or side effects, in respect of which Dr Lindeque cannot accept responsibility.

Both the management and the owners of the premises reserve the right of admission hereto. Neither these terms and conditions, nor the indemnity form furnished to me herewith, can be validly varied, altered, amended or deleted, whether in part or entirely, without such variation, alteration, amendment or deletion being reduced to writing and signed by both Dr Lindeque and myself.

Patient Name: _____ Patient Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

Dr Leneque X Lindeque Inc.

Obstetrician and Gynaecologist

PR No: 0160000511226



PRACTICE INFORMATION FORM / PRAKTYK INLIGTING VORM

INTEGRATIVE MEDICAL CENTRE: INDEMNITY

I, _____ (full name) hold harmless and hereby indemnify Dr Lindeque and her staff on the following terms: I shall not hold Dr Lindeque or her staff liable for any loss, damage or harm to my property or person, save for in the instance of gross negligence by said persons.

I understand Dr Lindeque makes use of third parties in her practice, such as the laboratories, X-Ray department and certain suppliers. I understand Dr Lindeque cannot be held liable for any omissions or wrongful diagnosis, or failure to deliver the relevant reports attributable to such parties.

I understand Dr Lindeque works on a rotation basis with the other Obstetricians/Gynaecologists at Netcare Alberlito, by the names of Dr Candice Roberts, Dr Nombuso Mthethwa, Dr Timothy Berios and Dr S Sayed (Gynaecologist). Dr Lindeque trusts them implicitly with her patients, and although treatment approaches might differ somewhat, it does not mean anyone is more right or wrong than the other. I understand Dr Lindeque cannot be held liable for any misdiagnosis or complications arising from the management of her patients by these Doctors.

I understand that the staff at Dr Lindeque's rooms are well trained, and have clear guidelines on advising patients with general queries. However, I also understand that they are not qualified medical practitioners, and that Dr Lindeque cannot be held liable for any wrongful advice given by the staff. If I am not comfortable with the suggestions made by the staff I will contact Dr Lindeque via email, or see my GP for a proper examination and to suggest appropriate treatment. It is Dr Lindeque's duty to inform me of all relevant risks and expected benefits of the treatment / procedure recommended to me. Once I have been so informed, and in the absence of any further questions or objections from me, Dr Lindeque and her staff shall be entitled to proceed with such treatment / procedure on the basis that any consent furnished by me to them in respect of the treatment / procedure would be fully informed.

To the extent that I may not be familiar with the inherent risks associated with such procedure or treatment, or to the extent that Dr Lindeque's initial explanation was not able to grant me sufficient piece of mind and adequate understanding of the nature of such procedure or treatment, I undertake to request from Dr Lindeque a comprehensive explanation of such risks in order that the consent I give to the said clinician shall at all times be fully informed.

I acknowledge that certain conditions that I may have, whether latent (not apparent at face value) or patent (known to physician and I) may react either positively or negatively to the treatment prescribed

Dr Leneque X Lindeque Inc.

Obstetrician and Gynaecologist

PR No: 0160000511226



PRACTICE INFORMATION FORM / PRAKTYK INLIGTING VORM

to me. I hereby take it upon myself, to the extent that I am uncertain, to ask my consulting medical practitioners / health professionals about all the risks associated with my relevant treatment, as well as the likelihood of such risks eventuating.

I also acknowledge that the greater the volume of prescription medication that I am taking, the greater the likelihood of the relevant drugs interacting. In the event of serious negative drug interactions, whilst Dr Lindeque undertakes to amend the collection of drugs prescribed to me in order to alleviate major side effects, I hold her harmless for the fact that certain drugs may interact with others in my body in an unforeseen manner.

Consequently, by furnishing Dr Lindeque with my informed consent for any such treatment, and thereby understanding the significance and possibility of the relevant risks, I hereby indemnify her and hold her harmless against any harm suffered by me subsequent to the implementation of such treatment, irrespective as to whether such treatment is the direct or indirect cause thereof.

Patient Name: _____ Patient Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

Dr Leneque X Lindeque Inc.

Obstetrician and Gynaecologist

PR No: 0160000511226



PRACTICE INFORMATION FORM / PRAKTYK INLIGTING VORM

Consent to SMS notification:

1. I, _____ (insert full name) hereby consent to the transmission of any normal medical findings by Dr Leneque Lindeque to my cellular telephone via SMS.
2. For the purpose of such correspondence, "normal medical findings" are defined as findings within generally accepted medical ranges for the relevant tests undertaken on me at any given point in time.
3. Should any medical findings be outside normal ranges, such results shall not be transmitted to me via SMS, but dependent upon the nature of such results, same shall be communicated to me either by email or in person.
4. Further, for the purpose of this correspondence, the number that I elect to receive the above SMS notification on is: _____ (Patients number)
5. I hereby indemnify Dr Lindeque or any of her staff for any damages of whatsoever nature, caused directly or indirectly from the transmission of any SMS containing my personal medical findings, in the event that either:
 - 5.1. My SMS message(s) are read by any other person besides myself, hence infringing on my Dr / Patient confidentiality.
 - 5.2. The number that I have furnished to Dr Lindeque herein above is incorrect
 - 5.3. My cellular telephone is missing / stolen and the SMS containing my results is sent during the period that my phone is hence not in my possession.
 - 5.4. The message is not delivered despite being sent by the practice.
6. I acknowledge that the only test results and / or brief description of such results will be transmitted to me via SMS. In respect of all other matters and / or further detailed explanations of the results sent via SMS, I am obliged to schedule an appointment.

Patient Name: _____ Patient Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____