



Dr Lynelle Kenneth

SPECIALIST OBSTETRICIAN GYNAECOLOGIST

MBChB (UKZN) DCH (SA) FCOG (SA) MMed (O&G)

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Practice Number: 0684260

Suite 1200 | Christiaan Barnard Memorial Hospital
Cnr of DF Malan Street & Rua Bartholemue Dias Plain
Foreshore | Cape Town | 8000

New patient registration			vs.	Change of details	
Patient details				Date:	
Surname:			First Name:		
Title:	Date of Birth:		Nationality:		
Occupation:			ID/Passport Nu:		
Home language:			Marital Status:		
Correspondance address:					
Preferred Contact number:			Email:		
Tel (H):	Tel (W):		Cell:		
Person responsible for account, if not the patient (Please see practice terms and conditions)					
Surname:			First Name:		
Title:	Date of Birth:		ID:		
Postal address:					
Tel (H):	Tel (W):		Cell:		
Email:					
Are you currently under debt review and/or under Administration Order issued by a competent court for the management of your debts?					Yes
					No
Medical Aid details					
Medical Aid:			Plan/Option:		
Number:			Main Member:		
Tel for Authorisation:			Main Member ID:		
Next of kin / In case of emergency contact (Partner/Parent/Sibling/Friend)					
Name and Surname:					
Relationship to patient:					
Tel (H)	Tel (W):		Cell:		
Address:					
Referring practitioner:					
Name:					
Speciality:					
Practice name/address:					
Tel:			Email:		
<p>I, the undersigned, hereby testify that all the above information is accurate to the best of my knowledge and I accept all terms and conditions as specified in the provided practice terms and conditions. I have been granted opportunity to discuss any questions and concerns and information has been provided/explained to me in a language I am comfortable with.</p>					
Name: _____		Signature: _____		Date: _____	



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Patient Declaration & Practice Terms and Conditions

I, the undersigned, hereby acknowledge and accept the following practice regulations:

- As the self-declared person responsible for this account (irrespective of whether I am the main member or a dependant on a medical aid), I accept that I am solely responsible to settle this account irrespective of my agreement with my personal medical aid/insurance.
- I acknowledge that my medical aid membership is a personal agreement between the relevant scheme and myself and that if there is any delay or dispute regarding payment, I will settle the account personally within 30 days of services rendered.
- If my account becomes overdue, I am aware that 2% interest will be charged per month and that legal steps may be taken with any additional costs incurred to be added to my account.
- I will notify the practice immediately, in writing, should any of my personal or medical aid information change.
- I have been informed that this practice charges private rates (180 - 300%) which is more than the Reference Price List (RPL) as prescribed by the Department of Health.
- I know that I will receive additional bills for any surgical assistants, blood tests, Papsmears, x-rays, ultrasound or procedures from the relevant laboratory or healthcare provider other than Dr Kenneth.
- I have been informed that Dr. L Kenneth reserves the right to bill specialist rates for all email/ telephonic consultations, missed appointments, motivation letters and repeat scripts according to the practice's billing policy and that she will not correspond at all via sms/WhatsApp.
- Although Dr. L Kenneth will mostly be available for after-hours services or advice, I am aware that this practice will make use of locum doctors (including male doctors) as per the discretion of Dr. L Kenneth. This includes deliveries as well as after-hours emergencies.
- Appointments will be fully charged for unless cancelled **more than 24 hours** in advance.
- I hereby give consent to the discreet disclosure of my personal and medical information to my Medical Aid as well as affiliated practice and hospital staff, mostly through the use of ICD10 codes, and I give consent to audio, electronic and physical record keeping of procedures and consultations.
- Through this document, I have been informed that Dr. L Kenneth is not covered by medical malpractice insurance by the Medical Protection Society and in case of a complaint or dispute arising regarding the care provided by either Dr. L Kenneth, her practice staff or locum associates - I undertaken to embark on a course of formal mediation before any litigation is pursued.

Signed at Chris Barnard Memorial Chambers (Cape Town)

Date: _____

Client:

Printed name

Signature