

ADMISSION FORM

ADMISSION INFORMATION

Date: ____/____/____ Time: ____: ____

Date of Procedure	
Admitting Doctor	
Procedure/Diagnosis	

PATIENT INFORMATION

Title	Mr.	Mrs.	Miss.	Dr.	Prof.	Minor
Surname						
First Name						
Date of Birth				ID / Passport		
Marital Status	Married:	Single:	Divorced:		Widowed:	
Religion /Denomination						
Occupation				Employer:		
Nationality				Language :		
Residential Address	Erf/Unit No:		Street Name:			
	Suburb:		Town:			
Postal Address	P. O Box:		Suburb:		Town:	
Contact Details	Work:		Home:		Cell:	
Email Address						

NEXT OF KIN

Name and Surname			
Relationship to patient			
Next of Kin Contact	Cell:	Email:	

MEDICAL AID INFORMATION

Medical Scheme		Patient Member Number:
Authorization Number		

PRINCIPAL MEMBER OF MEDICAL AID / PERSON RESPONSIBLE FOR ACCOUNT

Title	Mr.	Mrs.	Miss.	Dr.	Prof.
Surname					
First Name					
Residential Address	Unit/Unit No:		Street Name:		
	Suburb:		Town:		
Postal Address	P.O.Box:		Suburb:		Town:
Contact Details	Work:		Home:		Cell:
Email Address					
Identification	ID Number:		Passport No:		
Occupation				Employer:	
Address of Employer					
Relationship to Patient					

1. Terms & conditions of admission	<p>1.1 I, the undersigned being the patient or parent and/or lawful guardian of the patient (as the case may be), hereby acknowledge that the admission of patients to the Hospital operated by Lady Pohamba Private Hospital (Pty) Ltd (Reg No 2012/0751) ("the Hospital"), is subject to the terms and conditions set out below.</p> <p>1.2 By my signature hereto and my admission to the Hospital I declare that I am fully acquainted with and unequivocally accept the terms and conditions set out below.</p>
2. Terms of Payment	<p>2.1 The signatory hereto ("the Guarantor") shall be personally liable for payment of any and all fees or any balance thereof due to the Hospital. To this end the Guarantor warrants that he/she is fully acquainted with the fee/tariff structure of the Hospital (including that of the pharmacy) as may be applicable from time to time.</p> <p>2.2 The cost information is a good faith estimate only and is not legally binding on the Hospital.</p> <p>2.3 The Hospital reserves its right to at any time request a deposit from the Guarantor in any amount as it may deem necessary. The private in-patient accounts should always reflect a credit balance.</p> <p>2.3 Any excess on medical aid claims shall be payable by the Guarantor to the Hospital upon presentation of an invoice.</p> <p>2.4 Notwithstanding the fact that the patient may be a member of a medical aid and that the Hospital may submit claims on behalf of the patient to such medical aid or assists with such submission or pre-authorization of claims, the settlement of a patient's account ultimately remains the responsibility of the Guarantor. The Hospital accordingly reserves its right to recover any amounts that are not settled by a patient's medical aid within a period of 30 calendar days, directly from the Guarantor. Accounts recoverable from the Guarantor shall be due upon presentation.</p> <p>2.5 Notwithstanding the fact that the Hospital may submit and/or assist with the submission of claims of a patient to a medical aid, it shall ultimately remain the responsibility of the patient and/or Guarantor to ensure that such claim is lodged timeously and in accordance with the rules of the applicable medical aid. The Hospital accordingly accepts no liability for the late or incorrect submission of claims to any medical aid.</p> <p>2.6 It is expressly recorded that it shall be the sole responsibility of the Guarantor and/or the parent of any baby born at the Hospital and/or baby receiving treatment at the Hospital, to register such baby with the Guarantor and/or patient's medical aid in the manner and within the applicable time as may be provided for by the rules of such medical aid. It is recorded that the Hospital accepts no liability for the failure to register and/or late registration of any baby with a medical aid.</p> <p>2.7 It is expressly recorded that the fees of all medical practitioners, radiologists, physiotherapists, pathologists and other medical professionals which are not employed by the Hospital will be invoiced separately and are accordingly not included in the Hospital's account.</p> <p>2.8 All outstanding amounts shall collect interest as from the date of invoice at the maximum permissible annual finance charge prescribed for credit transactions in terms of the Usury Act 73 of 1968. Any payments made in relation to outstanding amounts shall be applied, firstly, against due or unpaid interest and secondly, against any capital amount.</p> <p>2.9 In the event of the Hospital having to instruct tracing agents and/or legal practitioners to collect any outstanding amounts, collection commission will be charged at a rate of 15% of any outstanding amount and in which event the Guarantor shall also be liable for the fees and disbursements of any legal practitioners so instructed on a scale as between attorney-and-own client.</p>
3. Limitation of Liability & Indemnity	<p>3.1 The patient and/or parent and/or lawful guardian of the patient, by their signature hereto absolves the Hospital and/or its employees and/or agents from any and all liability in respect of person or property and indemnifies them from any claim which may be instituted by any person (including a dependent or guardian and/or parent of the patient or any other third party) for injury, death, damages or loss of whatever nature (including consequential damages or special damages of any nature) suffered by or damage caused to the patient by reason or as a result, directly or indirectly, of any act or omission by the Hospital or any agent or employee of or contractor to the Hospital or any illness (including terminal illness) contracted by the patient whatever the cause/s are, except only with the exclusion of intentional omission by the Hospital, its employees or agents.</p> <p>3.2 In addition to and without derogating from the provisions of clause 3.1 above and without assuming liability for any claim excluded in terms thereof, it is recorded that in the event of a claim (not excluded in terms of clause 3.1 above) being proved against the Hospital for any damage (including consequential damages or special damages of any nature) arising directly or indirectly from any cause of whatsoever nature by the Hospital, then in such event, such claim shall be limited in quantum to a maximum amount of N\$2,000,000.00, irrespective of whether such claim arose in contract, delict or otherwise.</p> <p>3.3 It is recorded that the Hospital will not be responsible for any loss of or damage to or destruction of any property (including money and valuables belonging to the patient, or in possession of the patient, or placed in the care of the Hospital for safekeeping), howsoever caused by reason or as a result, directly or indirectly, of any act or omission of the Hospital and/or its employees and/or agents.</p>
4. Medication	<p>4.1 It is recorded that it is a condition to admission to the Hospital that patients must declare all chronic medication that they are taking and all medicine in their possession. The Hospital will not accept any liability for complications arising by virtue of a failure on the part of a patient to declare such medication.</p> <p>4.2 Patients are furthermore required to surrender all medication in their possession to the Hospital.</p>
5. Disclosure of Information	<p>5.1 The patient and/or signatory consent to the Hospital obtaining information from any credit bureau for purposes of establishing the creditworthiness and credit profile of patient and/or signatory. The patient and/or signatory furthermore consent that in the event of a default in terms of this agreement, particularly in relation to non-payment of fees owing to the Hospital, that the Hospital shall be entitled to provide particulars of such default to any credit bureau.</p> <p>5.2 The patient and/or signatory consents thereto that the Hospital may disclose the nature of the patient's diagnosis and/or any health services rendered to the patient and copies of documentation and records pertaining thereto to the patient's medical aid.</p>
6. Address for Notices	<p>6.1 The patient and/or the signatory hereto chooses the address specified in the Hospital's admission documentation attached hereto as his/her domicilium citandi et executandi for purposes of this agreement.</p>
7. Governing law and jurisdiction	<p>7.1 The relationship between the Hospital and patient and/or signatory hereto shall be governed by, construed and interpreted in accordance with the laws of the Republic of Namibia.</p> <p>7.2 The patient and/or the signatory hereto consents in terms of Section 45 of the Magistrates' Court Act to the jurisdiction of the Magistrates' Court in respect of any suite, action or proceeding emanating from the terms and conditions contained in this agreement or from the admission of the patient to the Hospital, notwithstanding that the amount of any such claim may otherwise ordinarily exceed the jurisdiction of such court. Should the Hospital however so elect, it shall none the less be entitled to institute proceedings in the High Court of the Republic of Namibia at its sole and absolute discretion.</p>
8. Severability	<p>8.1 Each provision in this Agreement is severable, the one from the other, and if at any time any provision is or becomes or is found to be illegal, invalid, defective or unenforceable for any reason by any competent court, the remaining provisions shall be of full force and effect and shall continue to be of full force and effect.</p>
9. General	<p>9.1 No amendment or consensual cancellation of this agreement or any provision or term thereof including this 9.1 and no settlement of any disputes arising under this agreement and no extension of time, waiver or relaxation or suspension of any of the provision or terms of this agreement including this 9.1 shall be binding unless recorded in a written document signed by the Hospital Manager.</p> <p>9.2 No party to this agreement shall be bound by any express or implied term, representation, warranty, promise or the like not recorded herein, whether it induced the contract or not.</p> <p>9.3 By appending his/her signature hereto, the signatory acknowledges that he/she is fully acquainted with these terms and conditions and that he/she freely and without duress consents thereto.</p>
10. Debit Order Mandate	<p>10.1 In the event that the outstanding debt is not settled, for any reason, the Debtor mandate the Client or its Cessionary to collect the amount owing in either one lump sum or monthly instalments from the Debtor's bank account by means of a debit order. This mandate shall constitute a valid debit order, which debit order shall automatically apply and the Client or its Cessionary shall be authorised to collect the instalments/lump sum by means of the said debit order from any of the Debtor's bank accounts. The Debtor further consents to the tracing of such banking details should the banking details as provided by the Debtor be incorrect or no longer relevant.</p>
11. Right to vary the Terms & Conditions of Agreement	<p>11.1 The Client reserves the right to vary the terms & conditions of this Agreement at its sole discretion, whether as a result of new legislation, statutory instruments, government licenses, amendments to the standard terms and conditions of the Client, any similar event or not and the Debtor hereby consents to the said variation. The Client may at its sole discretion, elect to notify the Debtor of any variation in writing or to publish such variation on its website and or at its principal place of business.</p>

I, the undersigned confirm that I have read and understand the above information, and that all such information has been explained to me in a language or manner which I understand. I confirm that I do not have any further questions in this regard. I confirm I am signing this document out of my own free will, and with full capacity to do so I further confirm that all information pertaining to the account herein may be disseminated to any person claiming responsibility for payment

Guarantor Signature (Person responsible for account)

Print Name and Surname

Patient Signature (21 years and older)

Print Name and Surname

Date

Hospital Staff Member