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Accounts
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Dr Russell D. Govender

Orthopaedic Spinal Surgeon

MB BCh (Wits), FC Orth (SA), AOSpine Fellowship

Practice Number: 028 000 0588288
HPCSA: MP0617024

Account No. _____ Date _____

Patient Details

Surname _____
Full Names _____
Identity No. _____ Date of Birth _____
Address _____
Contact Nos. E-mail _____
Mobile _____ Work _____
Occupation _____
Name & Address of Employer _____
Next-of-kin Name and Contact No. _____
Referring Doctor _____ Practice No. _____

MEMBER/PERSON RESPONSIBLE FOR ACCOUNT

All consultations of patients are payable on the day of visit.

I hereby give permission that details supplied may be used for account purposes.

Surname _____
Full Names _____
Identity No. _____
Postal Address _____
Residential Address _____
E-mail Address _____
Preference Mail E-mail Postal Residential
Contact Nos. E-mail _____
Mobile _____ Work _____
Are you under administration / liquidation / debt review? Ja / Nee _____
Occupation _____
Name & Address of Employer _____
Name & Address of Next of Kin _____
(Nie by dieselfde adres / Not living at the same address)
Next-of-kin Contact No. _____ Relationship _____
Medical Scheme _____
Medical Scheme Membership No. _____
Plan / Option _____

I, the undersigned, hereby declare that all the above-mentioned information is just and true. I accept responsibility for payment of the full outstanding amount, if not settled by my medical scheme within 60 days and for payment of any legal expenses due to non-payment of any accounts on attorney and client scale. I declare that I was informed that my medical scheme might require personal information from time to time with regards to my account. I grant the necessary permission that the requested information can be sent to the medical scheme in order to assure payment. I take note that doctor does not necessarily charge according to scale and that I will be responsible for the outstanding balance.

Signature _____ Date _____

ACCOUNT ENQUIRIES

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