



# Dr IRSHAD MOHUMMED ESSACK

Dermatologist

M.B. Ch B. F.C.Derm(S.A.)




PR No. 012 0000 284 998

## Completion of Chronic Forms

Thank you for choosing this practice for your dermatology & skin care needs. We value you as a patient. To avoid any misunderstandings, please note:

1. Being a member of a medical scheme is an arrangement between the MEMBER and the SCHEME. The service provider (the practice and its doctor) is usually NOT part of that agreement.
2. The onus & responsibility lies with the member to acquire the appropriate forms from their medical scheme.
3. The completion of such forms is charged on Medical Aid tariff code: **'0199 – Completion of chronic medication form with or without the presence of the patient'**. **PLEASE ASK FOR A QUOTE** prior to sending the form to the practice.
4. Forms are to be e-mailed / faxed to the practice on +27 866 454 076.
5. Please indicate the patient for whom the form is to be completed.
6. The practitioner / doctor part of the forms will be completed by the doctor using the information from the patients' file. In submitting the form to the practice, the patient automatically consents to their confidential details being revealed to a third party. Requests to use information that do not correctly reflect the circumstances of the case, are inappropriate.
7. **ALL FEES are to be settled immediately at the collection of such forms. Regrettably, cheques, credit cards & debit cards are NOT accepted.**
8. Should forms need to be faxed to the patient, this will only be done once payment has been received by EFT. Contact the practice for banking details or check top part of statement.
9. **Fees are payable for every form completed (even repeat motivations), irrespective of the approval by the medical scheme.** (Errors on the part of the practice will not be charged for.)
10. It is the responsibility of the **MEMBER to submit the forms** to the medical scheme and to follow-up on its outcome. **We do not submit to any medical aid scheme.** Non-timeous submission may result in rejection of the application.

We look forward to meeting your skin care needs in the most efficient & professional manner.

<p><b>Rosebank Netcare Hospital</b></p> <p>1st Floor Rosepark 8 Sturdee Ave Rosebank Johannesburg Gauteng ☎ +27 11 328 0709 ☎ +27 11 788 6389 ☎ Fax: +27 11 788 6365</p>  <p>You're in safe hands</p>	<p>Suite 2 3<sup>rd</sup> Floor Block 9, <b>Mayo Clinic</b> 1 Joseph Lister St (Cnr. William Nicol Dr N &amp; Joseph Lister St) (Opp. Roodepoort Checkers Hyper, Next to Life Flora Clinic), Constantia Kloof Ext 17, Roodepoort Johannesburg Gauteng</p> <p>☎ +27 11 475-8046 ☎ Fax: +27 11 475-8049 <a href="http://www.mayo.co.za">http://www.mayo.co.za</a></p> 	<p><b>Linksfield Netcare Hospital</b></p> <p>Suite 101, Netcare Linksfield Hospital 24-12<sup>th</sup> Avenue, Linksfield West</p>  <p>You're in safe hands</p> <p>☎ +27 11 647 3662 ☎ Fax: +27 11 647 3713 ☎ Bookings: +27 11 475 8046</p>
<p>E-Mail: <a href="mailto:imessack@gmail.com">imessack@gmail.com</a>          Fax-to-email +27 866 454 076          ☒ P. O. Box 4762 Weltevreden Park, 1715</p>		