



Occupational Therapist

Bsc. OT (Wits) | Special interest: Hand Therapy

Practice number: 0544485 | HPCSA number: OT0082007

Patient name and ID: _____

Consent to Treat Form

The patient authorizes the Occupational Therapist to examine and treat the condition as he/she deems appropriate through the use of occupational therapy measures, and the patient gives the authorization for these procedures to be performed. The patient has the right to informed participation in decisions involving his/her health care. This shall be based on clear, concise explanation of his/her condition and of all proposed treatment procedures. All possible risks and/or side effects as well as the probability of success with such procedures shall be disclosed to the patient by his/her attending Occupational Therapist. The patient will not hold the Occupational Therapist responsible for any pre-existing medically diagnosed conditions nor for any medical diagnosis. The patient has the right to know who is responsible for authorizing and performing any and all treatment procedures. The patient shall not be subjected to any procedure without his/her voluntary, competent, and understanding consent or the consent of his legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed. After reading the above (or having it read to me), I hereby consent to receive occupational therapy consultative services from Tanya Coats Occupational Therapy to begin on this date and terminating when determined by myself, my surgeon or my Occupational Therapist.

I have read (or have had read to me) the above information and understand the contents.

Patient/ Parent/ Guardian

Date

Cancellation and Discontinuation From Services Policy

This practice requires **24 hours notice for cancellations**. Otherwise, you will be charged the full fee of the session. In addition, you will be charged the full fee for the session if you do not show for a confirmed appointment. Should you miss three consecutive visits it will be considered that you are not in adherence or compliant with your plan of care and will be discharged from this practice. Your primary surgeon will be notified, and you will be given the names of three like professionals for your future use should you decide to begin therapy services again.

 (010) 880 1460

 072 556 1921

 info@tanyacoats.co.za

 www.tanyacoats.co.za

Netcare Waterfall City

3rd Floor, Room 301,
South Block
Magwa Cres & Mac Mac Avenue
Vorna Valley, Midrand

Intercare Day Hospital Sandton

Gauteng Orthopaedic Institute
Suite 302, 3rd floor
200 Rivonia Road
Morningside, Sandton

Bedford Gardens Hospital

Suite 5, Kimberly Clarke Medical Suites
East Wing, First Floor,
8 Leicester Rd,
Bedford Gardens



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I have read and agree to the above policies and procedures.

Patient/ Parent/ Guardian

Date

Patient Notification of Billing/Cancellation Procedures

Charges for services that are provided by Tanya Coats Occupational Therapy are based upon the procedures that are deemed necessary by the therapist and surgeon to enable the patient to reach their goals. The patient is responsible for the payment of all fees regardless of whether the patient has medical aid coverage for all of the bill.

FEES and EXPENSES

1. Initial Evaluation - R650
2. Follow up appointment for the same condition – R570 .
3. Devices - This can include but not be limited to splints, dressings, therapeutic putty, shower covers etc. There are separate charges for these. Fees are reviewed on an annual basis, and Tanya Coats Occupational Therapy reserves the right to adjust the fees when it is deemed necessary.

BILLING FOR SERVICES RENDERED


All patients are required to settle the account at the time of the consultation, unless other arrangements have been made. All invoices unpaid after 45 days will be subject to the maximum interest penalty/finance charge allowed by law. Tanya Coats Occupational Therapy reserves the right to cancel treatment if payment for services is not received, and to use whatever means necessary including an attorney, small claims court, or collection agency in an attempt to secure payment.

IF ANY PAYMENTS ARE OVERDUE BY 60 DAYS, UNCOLLECTED FUNDS WILL BE SENT TO OUR COLLECTION AGENCY AND COLLECTION / PROCESSING / ATTORNEY / COURT FEES WILL BE ADDED. ALL INVOICES SHOULD BE DUE AND PAYABLE TO TANYA COATS OCCUPATIONAL THERAPY WITHIN 30 CALENDAR DAYS. PATIENTS WILL BE RESPONSIBLE FOR PAYING A 10% LATE FEE OF A MONTHLY INVOICE AMOUNT. I HAVE READ AND UNDERSTOOD TANYA COATS OCCUPATIONAL THERAPY'S FINANCIAL POLICY AND I AGREE TO BE BOUND BY ITS TERMS. I ALSO UNDERSTAND THAT SUCH TERMS MAY BE AMENDED BY THE PRACTICE FROM TIME TO TIME

Patient/ Parent/ Guardian

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