

## Contract

Full name: .....

Date of birth: ..... Age: .....

Identity number: .....

Home address: .....

.....

Postal address: .....

..... Code: .....

Home number: .....

Work number: .....

Cell number: .....

E-mail address: .....

Occupation: .....

Medical Aid: Name & number: .....

Name of main member: .....

Referred by: .....

Person to contact in the event of an emergency:

Name & relationship to you: .....

Telephone numbers: .....

I, ..... (full name),

have read the practice details & billing policy attached to this contract and accept all the conditions thereof.

I agree to settle my account directly. I also agree to pay all legal costs in the event of legal proceedings due to my not keeping this agreement.

Client Signature: ..... Psychologist Signature: .....

Date: .....

# Practice Details & Billing Policy

Practice number: 0003611

HPCSA registration Number: PS 0067180

1. Consultations are for 51 to 60 minutes; if terminated by you prior to this time, the full charge is nevertheless payable.
2. All consultations are to be paid either **prior to**, or **immediately upon conclusion** (while still in the consulting room) via EFT or cash. Your name is to be used as your reference. No cash deposits into my bank account please. (You will be charged for cash deposits).
3. This practice does not fund clients, no credit is extended.
4. You must deal directly with your medical aid by submitting your invoice and proof of payment in order to claim a benefit that they offer (not all medical aid schemes pay psychologists fees in full).
5. The rate, as at the date of your consultation, is as follows:
  - 5.1 In the consultation room or via Skype call – R1070.00
  - 5.2 On site and hospital consultations – R1070.00 + 50% (R1 605.00)
6. Appointments not kept or cancelled with less than 24 hours' notice will be charged at the full rate, payable immediately. My response confirms your cancellation.
7. I reserve the right to charge a fee for the time taken to compile motivation letters and reports.
8. In the case of default with non-payment, incidental interest of 2% per month will be charged and I reserve the right to do a credit check on you.
9. All personal information shared during psychological consultations is strictly confidential and in accordance with the ethics of the Health Professions Council of South Africa, with the following exceptions:
  - 9.1 In the event that you have signed a release of information.
  - 9.2 In the event that you are considered to be at risk of harming yourself or others.
  - 9.3 In the event that you reveal the abuse of a child.
10. Your case may be discussed with a supervising psychologist, but all personal particulars will be withheld.
11. The practice does not accept liability for any injury or damage to person or property for whatever reason before, during or after consultation whilst on the premises.
12. There is no waiting room in this practice. Kindly therefore arrive only at the time of your appointment.

If you are early, please wait in your car until the time of your appointment.  
At the time of your appointment, please either ring the gate bell, or give me a call (not text) on my mobile phone to let me know that you have arrived. Please do not hoot.

## Bank Account Details

Bank: Investec Bank Limited  
Branch: Grayston Drive, Sandton  
Branch Code: 580105  
Type of Account: Current  
Account Name: Claire Newton  
Account Number: 100 123 208 16

## Please send proof of payment to:

E-mail: [claire@clairenewton.co.za](mailto:claire@clairenewton.co.za)  
SMS: +27 82 491 1136  
Please use your full name / company name as the reference.

Client Signature..... Date:.....