LEAH GOUS
counselling psychologist

Sunpark Suite 3, 178 Smit Street,Fairland
Cell: 060 775 6889
E-mail: info@leahpsychologist.co.za

Practice No: 0579335
Reg No: PS 0121916

CONFIDENTIAL

Information: Person responsible for payment

Information	
Surname	
Name	
Identity Number	
Cellular number	
Home telephone number	
Work telephone number	
Email	
Residential address	
Postal address	
Name of client (if dependant)	
Referred by	
Name, address & contact no. of relative not residing with you	

Medical aid details	
Medical aid name	
Medical aid option	
Membership number	
Main member	
Main member ID number	
Dependant number	

Constitutional requirements necessitate that all patients acknowledge our terms of service. I, the undersigned do hereby agree that:

1) I am the legal guardian/custodian of the above child (if the child is a minor and I understand and accept the contract).
2) I give permission for the Psychologist to contact the doctors concerned with my therapy management.
3) I take note that the Practice is **not contracted in** to Medical Aids Schemes, and I agree to settle my account directly after each consultation.
4) I will be liable for all legal costs, should it become necessary for legal action to be taken for the recovery of any amounts owing arising out of treatment received by the above client.
5) If notice of cancellation of an appointment is not given more than 24 hours is advance I will be liable for the full consultation fee.

Please note that even if you are a member of a Medical Aid Scheme or expect any other institution to cover the account, you remain personally responsible for payment of your account. A receipted account will be provided for your submission to Medical Aid.

Signature	
Date	