



Dr Megon Sadler
G.P. with special interest
in Paediatrics

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TERMS AND CONDITIONS

I understand that it is compulsory to hand in my ID card/ Passport and Medical Aid Card for the purpose of copying without which Dr Wahl cannot render any service.

As a patient with Medical Aid, I agree to pay the co-payment as stipulated by appointment type upon each visit AND for the full amount that my Medical Aid does not pay within 60 days.

As a private patient I am responsible for settling my account with each visit. I agree to pay in full for my delivery, including paediatric and anaesthetic cost (if applicable) by 32 weeks gestation.

I agree to pay the full consultation fee if I do not arrive for my appointment or cancel at least an hour in advance. I agree to pay all legal costs, including lawyer's and client's expenses, tracing fees and interest in the event that my account remains outstanding.

At Mother & Child Health Care we make use of electronic notes which are stored safely and securely online. No one has access to the notes except for your personal doctor. I hereby give my informed consent to the keeping and storing of electronic notes.

I, the undersigned, declare that I have read the contract and understand the terms and conditions and will abide by it.

Signed on this day of20..... in Windhoek.

SIGNATURE OF CLIENT:..... WITNESS:.....

