

Terms and conditions

1. DR. ANNELIZE KEEVÉ endeavors to ensure that the highest standard of diagnosis and treatment is given. This includes strictly ensuring that our staff adheres to all precautions in term of the consultation, diagnosis and treatment.
2. All accounts are the patient's own responsibility, notwithstanding the fact that the patient belongs to a Medical Aid Scheme and option. DR. ANNELIZE KEEVÉ is prepared to invoice the insurance company/medical aid scheme directly on your behalf provided you give us the appropriate registration/membership number and claim or authorization number where required. Please note that this function is limited to the discretion of DR. ANNELIZE KEEVÉ.
3. The patient and accountable person stay liable for the account until the account is fully paid by the Medical Aid Scheme and option. Please note that you are responsible for payment where there is insufficient cover, or where an insurance company/medical aid rejects a claim or an excess exists on your policy.
4. Medical Aid Scheme accounts are payable within 30 (thirty) days after services rendered. Private accounts are immediately payable. Self-paying patients are required to pay for their session in advance or on the day of treatment.
5. It is the responsibility of the patient and accountable person to inform the practice in writing if any changes in their address occur.
6. Non - attendance and cancellation : If you do not attend or do not cancel your appointment at least 24 hours prior to the appointment time the full charge for the appointment will be levied unless exceptional circumstance apply.
7. The patient, guardian and guarantor (as may be applicable) Consent and submit to the exclusive jurisdiction of the appropriate Magistrate's or High Court of South Africa in respect of any dispute, which arises from or is in any way connected with the term and conditions of treatment / services rendered, and agree that disputes of whatsoever nature will be subject to an governed exclusively by the laws of the Republic of South Africa, and the appropriate Court of South Africa.
8. Where the patient is a minor, is unmarried and below the age of 18 years, then the minor's guardian(s) shall sign this contract in their personal and representative capacities and in so doing accept inter alia responsibility for payment in full to the practice and warrant their authority to waive the minor's rights and agree to the disclaimer and indemnity as contained herein, and indemnify the practices and associated company, their directors and employees in respect of any damages, which arise from a breach of this warranty of authority.
9. The patient, guardian and guarantor (as may be applicable);
 - a. I, the patient / guardian/ guarantor, choose as my domicilium citandi et executandi the residential address recorded above under the heading "Patient Information".
 - b. Agree that all patient records remain the property of the practices, and shall only be released on demand by an authorized person, with the discretion of the practices.
 - c. Agree that if any provision of this agreement should be / become invalid, unenforceable, defective or illegal for any reason whatsoever, then that provision shall be deemed to be
 - d. Severable from the remaining provisions of this agreement, which shall continue in full force and effect.
10. The signatory (other than the guardian or guarantor) warrants, that where the signatory is not the patient, the signatory has the authority to contact on behalf of the patient
11. We are open to receive any legitimate/ honest/ consumer complaints from our patients subject to the following:
 - The patient must disclose all medical information (history) and known allergies to the practitioner.
 - The patient accepts that the practice cannot be held liable for any injury/ death or otherwise incurred damages due to failure to disclose by the patient.
 - The patient shall immediately submit to the practice and bring to the attention of the practice any product that has been found to be harmful or defective.
 - It is furthermore expressly agreed that the patient may be required to a physical examination in order to enable the practitioner to diagnose and/ or treat.
12. Should any of the terms and conditions herein contained be breached and result in legal action, the patient and accountable person would be liable for all legal expenses on an attorney & client scale.
 - A) I give permission that the specific procedure can be performed by DR. ANNELIZE KEEVÉ.
 - B) I accept that there are risks involved and declare that the risks and procedure were explained to me.