



RICCARDO VACCARO PHYSIOTHERAPY

Consent to payment and treatment:

I _____ (full name of person responsible for account), consent to the following conditions of payment and treatment.

- I am aware that this practice is contracted OUT of medical aid, and will settle my account at the **end of each treatment** by either cash or card. Fees are charged at medical-aid rates.
- It is my responsibility to claim back from my medical-aid.
- Should, for some reason, I be unable to settle my account within 7(seven) days of receipt, I accept the costs of all legal, processing and debt collecting fees.
- **I am aware that appointments not cancelled at least 4 (four) hours prior to the scheduled time will be charged for. Cancellations via sms or email will not be accepted, nor will calls made outside of normal business hours (8am-5pm).**
- I understand that for the purpose of assessment and/or treatment I may be required to adequately expose the area of my body being treated. Should I feel uncomfortable uncovering certain body parts, I may refuse to do so.
- I am aware that for the purpose of effective treatment, the therapist will have to touch me. Should I at any stage, and for any reason, feel uncomfortable with my therapist, I will make it clear to him/her verbally.
- Although physiotherapy is a science based profession, healthcare is not an exact nature, and as such outcomes and successes may differ and be different from my expectations.
- I have the right to be informed of all benefits and risks associated with modalities and procedures and will ask questions if I require more information or if I am concerned about anything.
- I understand that my information will not be shared to third parties, unless legally required.

I agree that I have read and accepted the above conditions for payment and treatment.

Signature of person responsible for account

Date