

# Patient Consent Form



Membership no

Initials  Surname

Postal address

Code

Tel no (W) ()  Cellphone no

Patient's full name

Patient ID no  Date of service

Doctor's name  Practice no

**Patient requested the following out-of-benefit services/upgrades** (tariff code, NAPPI code where applicable and costs).  
**Note:** Please add addendum if not enough space.

1. \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_

**Patient agreed to the following services not covered** (please indicate applicable tariff codes and costs).  
**Note:** Please add addendum if not enough space.

1. \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned \_\_\_\_\_ declare the following:

- ▶ That I was informed by my healthcare provider that the medicine/investigation/procedure falls outside my benefits;
- ▶ That I am aware that the medicine/investigation/procedure fall outside my benefits and that I am responsible for the payment of these services.

Signed at \_\_\_\_\_ this day of \_\_\_\_\_ 202\_\_

Signature \_\_\_\_\_ Witness \_\_\_\_\_

### **We are committed to protecting your personal data**

Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the *GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual* on our website: [GEMS PAIA Manual](#).