PRIORITY ……..

CENTURION HOSPICE ASSOCIATION
REGISTRATION FORM

Contact date:	Data base no:	Assessment date:
Professional nurse:		Registration fee paid: Y / N
Date of death:	Place of death:	Time of death:

PATIENT INFORMATION

Patient's surname:			❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one)	
Full name(s):					Single / Mar / Div / Sep / Wid	
❑ A	❑ B	Known as:	Identity No:	Birth date:	Age:	Sex:
❑ C	❑ W	Faith:	Language:			❑ M ❑ F

Street address:			Home phone no.:
P.O. Box:	City:	Province:	Postal code:

Contact details of patient care-giver:		
Email address:	Phone no:	Alt phone no:

Source of referral : Self Referred by (please check one box):		❑ ❑ Dr.		
❑ Family	❑ Friend	❑ Medical scheme	❑ Hospital	❑ Other

Diagnosis:	

Medical report in hand:	❑ Yes	❑ No

General practitioner:		**Specialist:**	
Phone no:		Phone no:	
Email address:		Email address:	

Pharmacy where patient receives medication:	Phone No:

BILLING INFORMATION

(Please give your medical scheme card to the Patient Liaison Officer.)

Person responsible for bill:				Identity No:
Address (if different):				
Is this person a patient here?	❑ Yes	❑ No	Contact no:	
Is this patient covered by medical scheme?	❑ Yes	❑ No	Medical scheme:	
Medical scheme no:			Medical scheme plan:	

❑ Welfare *(Assessment required)*
The financial implications for every patient/family are considered by an internal Hospice Panel

Patient's relationship to main member:	❑ Self	❑ Spouse	❑ Child	❑ Other	

PRIORITY ……..

CONTACT DETAILS OF NEXT OF KIN			
Name of local friend or relative:	Relationship to patient:	Date of birth	Phone no.:

Dear Sir/ Madam

Thank you for contacting us about our service offerings. We care for patients with a life threatening disease who require help and support in time of need.

Centurion Hospice Association is a non-profit organisation.

The following documentation is required to enable us to expedite your new patient registration application:

- Medical referral from the doctor who treated you.
- The medical claim consent form.
- Your latest prescription(s).

The following fees are applicable:

New patient registration: R380.00
First assessment visit: R350.00

In accordance with medical scheme tariffs, our 2016 fee structure is as follows:

Community care: As allowed by your medical scheme, subject to minimum of R250.00 per visit
In-patient Unit (IPU):
Terminal Care As allowed by your medical scheme, subject to a minimum of R1 200.00 per day
In-patient Unit (IPU):
Respite Care R1 200.00 per day, payable upfront for the duration of the stay.

It is the responsibility of the patient to obtain the necessary medical scheme authorisation to cover visits by Registered Nurses or In-patient Unit admissions.
Any shortfall between our minimum charge and your medical scheme rates will be for your account.

Our banking details:

Name: Centurion Hospice Association
Bank: ABSA Current Account
Account number 600158317
Code: 632005

The above information is true to the best of my knowledge. I authorise my medical scheme benefits to be paid directly to Centurion Hospice Association. I understand that I am financially responsible for any balance. I also authorise CENTURION HOSPICE ASSOCIATION to release any information required to process my claims.

Patient/Guardian signature *Date*