



Membership Programme Application Form

Terms and Conditions of Membership

This Membership Agreement outlines the terms and conditions of the agreement between you, Dr Grant Fourie and his Practice (hereafter referred to as the "Provider"), for your enrollment in the Membership programme arranged for and provided by Dr Grant Fourie, exclusively to patients, for an annual membership fee, paid monthly or as a lump sum.

1. Programme Benefits and Services

Your membership fee entitles you to the following benefits that the Provider agrees to provide, specified under "Membership benefits." This membership, including all consultations relevant to the membership option chosen, is exclusive to you and may not be transferred to your spouse, partner or other dependants. It remains your responsibility to submit the bill for all consumable products used to your Medical Aid/Health Insurer for re-imburement, should you so desire. Your medical coverage, deductibles and co-payments will apply in typical fashion. Your enrollment in the membership will continue until this Membership Agreement is terminated.

2. Membership Benefits

The Provider's consultations are thirty (30) minutes in duration. This is a single consultation. As a member of this programme, you will receive either a functional medicine assessment or mandatory health appraisal, with the Provider. This is a double consultation and equates to two (2) single consultations in length, namely sixty (60) minutes. Further consultations will be either single or double, at the Provider's discretion. The first follow-up consultation will generally be a double consultation. You have free access to the BetYaLife Lifestyle and Weight Loss Online Programme as well as free access to the Provider's nursing sister. All membership options exclude the cost of blood tests, materials used, procedures, supplements and/or medicines.

3. Programme Fees

The Premier Membership fee is as follows:

A joining fee of R200 per person, once off. A membership fee of R750 per month via debit order. You are entitled to up to twelve (12) consultations per year with the Provider for the duration of your membership. Should your consultations be depleted before the end of your year's membership, you will be charged the normal consultation rate of R1400 per additional thirty (30) minute consultation. The first functional assessment and first follow-up consultation are double consultations which equate to two (2) single consultations in length, namely sixty (60) minutes each. This membership is open to new and existing clients. You are entitled to email enquiries to the Provider at no extra cost.

The Classic Membership fee is as follows:

A joining fee of R500 per person, once off. A membership fee of R395 per month via debit order plus a co-payment of R250 with each visit. This co-payment is subject to an annual increase. You are entitled to up to ten (10) consultations per year with the Provider for the duration of your membership. Should your consultations be depleted before the end of your year's membership, you will be charged the normal consultation rate of R1400 per additional thirty (30) minute consultation. The first functional assessment and first follow-up consultation are double consultations which equate to two (2) single consultations in length, namely sixty (60) minutes each. This membership is open to new and existing clients. You are entitled to email enquiries to the Provider, related to recent consultations, at no extra cost. Unrelated emails will be billed at an admin fee of R210 per email response.

Initial_____

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"Walking the path to better health, with you"

The Basic Membership fee is as follows: (available to existing patients only)

A joining fee of R750 per person, once off. A membership fee of R250 per month via debit order plus a co-payment of R350 with each visit. This co-payment is subject to an annual increase. You are entitled to up to eight (8) consultations per year with the Provider for the duration of your membership. Should your consultations be depleted before the end of your year's membership, you will be charged the normal consultation rate of R1400 per additional thirty (30) minute consultation. This membership is open to existing patients only. The first functional assessment and first follow-up consultation are one hour each and need to be paid for in full before the Basic Membership option can be activated. You are entitled to email enquiries to the Provider, related to recent consultations, at no extra cost. Unrelated emails will be billed at an admin fee of R210 per email response.

4. Medical Aid/Health Insurance

Your membership fee covers the benefits listed in the "Membership benefits" as well as those mentioned under "Programme fees", depending on the membership option chosen. You understand that enrolling in this membership is not a substitute for Medical Aid/Health Insurance and does not constitute health insurance. The Provider encourages you to maintain health insurance to cover your medical needs.

5. Term and Termination

Your enrollment in the membership is for one year. On each anniversary of this Membership Agreement, your participation will automatically renew for one additional year, unless you notify the Provider or the Provider notifies you, at least thirty (30) days in advance. The membership will continue on a month-to-month basis until such time as notice is given. You have the option to cancel your membership within one (1) month of your first functional assessment, with no penalty, following which standard practice rates will be charged, backdated to your first consultation. Should you choose to terminate the membership at any other point during the year, you will be obligated to pay a premature cancellation fee of R750 following which standard practice rates will be charged. The value of all preceding consultations will be calculated, and any shortfall will be for your account.

6. Payment of Membership Fee

Your membership fee is to be paid in equal monthly payments over the course of the membership via debit order. Once your debit order application is processed, your payment will commence on the 1st working day of the following month. Administration fees will be charged on any missed debit orders. All membership benefits will be suspended if payments are not up to date. After three (3) consecutive debit order failures, the membership will be terminated and you will be held liable for the cost of all consultations backdated to the start of the membership, less payments received.

7. Missed Consultations

Kindly notify reception timeously (at least 48 hours in advance), to arrange for an alternative date, if you are unable to honour your consultation. Missed consultations will be deducted from your remaining consultations, as per the membership option chosen. Repeat offenders will be billed the cash value of the consultation missed.

8. Miscellaneous

This Membership Agreement is the entire agreement between you and the Provider, and you agree that you may not transfer or assign it without obtaining the Provider's prior written consent. You also agree that there are no other agreements or arrangements between you and the Provider other than as specified in this Membership Agreement. The governing and interpretation of this Membership Agreement will be consistent with the law of South Africa and the HPCSA. If you wish to communicate electronically (e-mail, text, etc.) with the Provider and receive electronic communications from them, you should understand that these forms of communication are not secure. Unless you instruct the Provider otherwise in writing, if you provide your e-mail address, you agree that the Provider may communicate with you electronically about any matters related to your participation in the membership, including communications about your personal health information. You understand that the Provider will not be responsible for any loss, cost, injury or expense caused as a result of electronic communications made in the course of your enrollment in the membership. You may notify us at any time if you no longer wish to receive electronic communications from the Provider. You acknowledge that electronic communications may become part of your permanent medical record. Membership options for new members may be subject to change without notice.

Initial_____

Please indicate your acceptance of the terms and conditions of the Membership Agreement by signing the Membership Programme Application below. Clearly mark with an "X" the Membership option chosen.

| | | |
|------------------------------------|------------------------------------|----------------------------------|
| Premier Membership | Classic Membership | Basic Membership |
|------------------------------------|------------------------------------|----------------------------------|

Member signature:

| | | | |
|-------------|---------|--------|----|
| Print Name: | | | |
| Signed at: | on this | day of | 20 |
| Signature: | | | |

| |
|--|
| FOR OFFICE USE ONLY: Agreement Reference Number: |
|--|

****Please complete your debit order instruction - it will only be activated after your first consultation. The joining fee and first premium will be deducted from your deposit and the first debit order will only be deducted on the first working day of the following month. Please notify us of any changes or decision to cancel within 7 days of your first consultation. ****

Bank Debit Order Instruction

| | | | |
|---------------------|----------------------------------|-------------|----------------------|
| Patient Information | | Date: | dd/mm/yyyy |
| Name & Surname | <input type="text"/> | | Mr Mrs Ms |
| File Number | <input type="text"/> Office use: | First Month | <input type="text"/> |
| Email | <input type="text"/> | Amount Paid | <input type="text"/> |
| Telephone | <input type="text"/> | Paid By | Cash Card |

| | | | |
|---------------|----------------------|---|----------------------|
| Name (Debtor) | <input type="text"/> | | |
| Address | <input type="text"/> | Debit Amount | <input type="text"/> |
| | <input type="text"/> | Commencement | dd/mm/yyyy |
| Postal Code | <input type="text"/> | Abbreviated name as registered with bank: | DR GA FOURIE |

Banking Details

| | |
|-----------------|---|
| Bank | <input type="text"/> |
| Branch | <input type="text"/> |
| Branch Number | <input type="text"/> |
| Account Name | <input type="text"/> |
| Account Number | <input type="text"/> |
| Type of Account | <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Transmission |

Signed at on this day of 20

Signature

FOR OFFICE USE ONLY
Contract Number

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I/We hereby authorise you to issue and deliver payment instructions to the bank for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on the commencement date and continuing for 12 months, at which point this Authority and Mandate may be terminated by me/us by giving you notice in writing of no less than 20 ordinary working days and sent by prepaid registered post or delivered to your address as indicated on the previous page.

The individual payment instructions so authorised to be issued, must be issued and delivered as follows.

On the 1st day ("payment day") of each and every month commencing on .

In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my/our account and re-present the instruction for payment as soon as sufficient funds are available in my/our account.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on my/our bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you, should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us after 12 months, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force if such amounts were legally owing to you.

Assignment

I/We acknowledge that this Authority may be ceded to or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at on this day of 20 .

Signature