HEALINGWINGS
REHABILITATION CENTRE

NPO-071-312 BHF Pr No: 047 001 038 0091 VAT Reg No: 4590255016

PARTICULARS OF APPLICANT

Surname: _____

First Names: _____

Date of Birth: _____ I.D.: _____

Country: _____ City: _____

Age: _____ Gender: _____

Referred by: _____

Substances Abused: _____

How often? _____

Drug of introduction: _____ Age started using: _____

When last did the applicant use substance/s: _____

Current prescribed medication: _____

Allergies / medical conditions: _____

Family doctor contact: _____

Psychiatrist/Psychologist/Social Worker contact: _____

Do you require a medical aid invoice? (Please note the cost of administering medical aid reimbursements is R500.00 should this require additional administration besides the usual medical aid invoices):

_____

Intended date of arrival: _____

Previous rehabilitation centres attended:	Duration of stay (& year attended):
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Disclaimer:
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Signature of Applicant _____

Signature of Parent/Sponsor/Guardian _____

PARTICULARS OF PARENTS/SPONSOR/GUARDIAN

Names and Surnames: _____

Home and/or Postal Address: _____

Tel (H) _____ (W) _____ (C) _____

E-mail address: _____

Next of Kin of Applicant: _____ Relationship: _____

Tel (H) _____ (W) _____ (C) _____

E-mail address: _____

ACCOUNT INFORMATION:

Name and Surname of Financial Sponsor: _____

Contact Number: (h) _____ (w) _____ (c) _____

Email address: _____

Billing information:

Invoices to be made out to: _____

VAT number (if applicable): _____

Postal/Residential Address: _____

Medical Aid Invoice required? (yes/no): _____

Medical Aid Scheme: _____

Membership number: _____

Dependent code: _____

Main members name: _____

Main Members ID number: _____

PREAUTHORISATION NUMBER FROM MEDICAL AID: _____

Healing Wings does NOT claim directly from Medical Aid. Invoices are payable to Healing Wings and we will submit a Medical Aid invoice to you, for you to apply for reimbursement, provided all information is correct and has been provided to us. Healing Wings is not responsible for the follow-up of reimbursement payments to the member. NOTE THAT THE PATIENT NEEDS TO REQUEST A PREAUTHORISATION NUMBER FROM MEDICAL AID PRIOR TO ADMISSION TO HEALING WINGS IN ORDER TO AVOID REIMBURSEMENT PENALTIES BEING ISSUED BY THE MEDICAL AID. Note that a new authorization number needs to be issued EACH year, and the medical aid needs to be notified again on 01 January if applicable.

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Signature of Parent/Sponsor/Guardian _____

LETTER OF INDEMNITY (PARENT, SPONSOR OR GUARDIAN)

To be read and signed by legal guardians and sponsors.

On behalf of myself, my executors, administrators, heirs and successors, I undertake not to claim from, nor institute legal action against Healing Wings South Africa, its owners, members, employers, agents or helpers. I hereby indemnify and absolve them from any liability or claims of any nature whatsoever arising from damage, loss or death, to my property or person, or any minor person for whom I am responsible, whether arising from accident, negligence or any cause whatsoever. I understand that Healing Wings will not be held liable for the direct or indirect effects or consequences of any pre-existing medical conditions. I also undertake to pay all costs which may be incurred for medical or other treatment by any person or organization who gives services in the event of an emergency and requires payment for them as well as any transportation or evacuation costs which may be necessary whether by vehicle or aircraft or any other means whether these be for me or any person for whom I am responsible.

----------(Parent/Sponsor/Legal Guardian)

----------Day of----------202------

LETTER OF INDEMNITY (APPLICANT)

To be read and signed:

On behalf of myself, my executors, administrators, heirs and successors, I undertake not to claim from, nor institute legal action against Healing Wings South Africa, its owners, members, employers, agents or helpers. I hereby indemnify and absolve them from any liability or claims of any nature whatsoever arising from damage, loss or death, to my property or person, or any minor person for whom I am responsible whether arising from accident, negligence or any cause whatsoever. I understand that Healing Wings will not be held liable for the direct or indirect effects or consequences of any pre-existing medical conditions. I also undertake to pay all costs which may be incurred for medical or other treatment by any person or organization who gives services in the event of an emergency and requires payment for them as well as any transportation or evacuation costs which may be necessary whether by vehicle or aircraft or any other means whether these be for me or any person for whom I am responsible.

----------(Name of Applicant)

Have read, understood and agree to the contents of the above and hereby on the:

----------Day of----------202------

Sign in the acknowledgement thereof:

Applicant ----------

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MEDICAL PROTOCOL

A thorough medical assessment is carried out by our registered professional nurse, within 24 hours of arrival. Healing Wings utilizes the services of a consultant medical doctor practicing in Nelspruit who is on call 24-hours a day. Our referring psychiatrist, based in Nelspruit, assesses and treats all residents in need of psychiatric care.

MEDICAL CONFIDENTIALITY

Criteria to release Private and Confidential matters related to the Medical Fraternity

Healing Wings South Africa, and all its members, consider every residents' medical and healthcare information as highly confidential. All proceedings which take place in the Healing Wings medical room will be regarded as such.

Releasing of any medical and healthcare information will be done only with written consent of the Healing Wings resident – this applies to the duration of the residents in-patient stay at Healing Wings, as well as once the resident has the completed treatment (for any reason whatsoever).

This serves to confirm that I, _____ ID number: _____

I do give my consent for the release of my personal medical information on written request to:

1) My parents/guardian
2) Members of the Healing Wings South Africa Multi Professional Team
3) Another member of the medical fraternity to assist in providing me with the best healthcare possible

Sign: _____ Date: _____

Witness: Name: _____ Sign: _____

OR

This serves to confirm that I, _____ ID number: _____

Do not give my written consent to release any of my personal medical information to anybody on request.

Sign: _____ Date: _____

Witness: Name: _____ Sign: _____

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MEDICAL REPORT: *report on applicant's physical health (to be completed by a medical professional)*

PATIENT NAME:	
ID NUMBER:	
DATE OF SERVICE:	
D.O.B.:	
ALLERGIES:	
PAST MEDICAL HISTORY:	
PAST SURGICAL HISTORY:	
PSYCHIATRIC HISTORY:	
SOCIAL HISTORY:	
PHYSICAL EXAM:	
CURRENT MEDICATIONS: *(please provide an original repeat prescription for a minimum period of 6 months)*	
OBSERVATIONS:	
FIT FOR REHAB:	Is the patient fit for rehabilitation? YES / NO
DETOX:	Does the patient require detox? YES / NO Has the patient been detoxed already? Results of multi-drug urine test:
DOCTOR'S SIGNATURE & PRACTICE STAMP:	

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FEE STRUCTURE

Healing Wings South Africa's initial programme constitutes a mandatory 6-month period.

TREATMENT FEES (please tick the chosen payment instalment, we will invoice accordingly):

INSTALLMENT PERIOD	AMOUNT	
Mandatory Admission Deposit (refundable)	R 3,000.00	✓
Monthly Instalments (dependent on a mandatory 6-month programme period)	R 18,500.00 per month (VAT 15% Incl)	
3-Monthly Instalments (dependant on a mandatory 6-month progamme period)	R 52,170.00 per 3-month period (VAT 15% Incl)	
6-Month once off payment	R 101,077.00 (VAT 15% Incl) for 6-months once off	
Medical VISA application (6-month VISA) for foreign residents who do not have a South African Passport or Identity Document. This VISA is an extension of the Visitors Stamp received when coming into South Africa. The turn-around time for the VISA application is 2 months. The VISA will be billed with the admission invoice	R 5,000.00	
Initial Tuck Shop Deposit: If you would like to pay into the individuals tuck shop account together with the admission fees, please indicate in the space provided how much you are paying, and we will allocate it accordingly.		
Fees are subject to change and to annual increase		

IMPORTANT:

In the event of the applicant leaving, absconding, or in extreme cases, being expelled, all programme and related fees will be forfeited. Please note that we do not endorse a quick-fix approach to recovery and sponsors are required to be able to commit financially with regards to the completion of treatment. Considering the above, it is required that both residents and sponsors commit for a minimum period of 6 months.

Should a resident relapse while off Healing Wings South Africa premises, he/she has a period of 48 hours to return willingly. Failure to do so will require the resident to reapply and be readmitted to Healing Wings and all fees paid will be forfeited.

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MEDICAL AID CLAIMS:

To ensure cost effective, accessible and quality care, Healing Wings works with all major Medical Aid Schemes:

As a diagnosable and treatable disease, substance dependence disorders are deemed to fall under a prescribed minimum benefit, which is covered by all Medical Aid Scheme's up to a maximum of 21 days per annum.

Please obtain pre-authorisation from your medical aid before admission to ensure that you receive the full benefit of the claim cover available.

Contact your Medical Aid with the following information in order to obtain pre authorisation or start the authorisation process.

- Patients Name and Surname
- Patients Date of Birth
- Date of admission (once confirmed with Healing Wings)
- Healing Wings Practice Number: 038 0091
- Dr S. Mothapo Practice Number: 028 6788
- ICD10 code Z50.2/F10.2
- ICD10 code Z50.3/F19.2

Please note that your medical aid will require the completion of a DSM4 diagnosis report in order to process the claim. We advise that this be obtained by a Psychiatrist or treating Medical Professional prior to admission. Please ask your medical aid for a template DSM4 diagnosis report for you to take along to the Medical Professional. Should Healing Wings need to provide the DSM4 report, it will be at the cost of a Psychiatric consultation (R 2,000.00), this can be put through medical aid and any co-payment due will be payable by the member.

Initial payment includes

- Treatment program, therapeutic fees, board and lodging

Does not include

- Money for tuck shop – maximum R2,000 per month. To be paid into the bank account with the reference "Patient name and surname + Tuck Shop".
- Additional trips outside of the centre, the costs of which as follows:
  - Standard scheduled medical trip: R450.00
  - Unscheduled special or emergency trip: R650.00
- Medical Expenses:
  - An incidental deposit of R3,000.00 is payable on admission and will be invoiced together with initial fees. This money will be used to cover basic and unforeseen medical costs (including basic first aid, drug testing etc). Basic and first aid medication will be charged for on a per item basis. Sponsors will be required to replenish this levy, once the funds have been used for medical purposes.
  - Payments for all medical appointments made on the resident's behalf (or any emergency procedures) are payable directly to the medical professional or institution. Contact and payment details will be supplied on confirmation of the appointment. Kindly note that Healing Wings will not pay any medical professional or institution on a resident's behalf.

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PAYMENT TERMS:

- Payment for the full admission invoice must be received on or before the day of admission. Should this not be received by day of admission, the potential resident's will not be admitted.
- Subsequent treatment fees must be made on or before the invoice due date. The guarantor will be given three working days grace before being charged 2% of resident monthly fees per day on overdue fees.
- Tuck shop money will be withheld from the resident in the case that treatment fees are overdue.
- Should the full invoice amount due not be received within one week of the payment due date, the resident will regrettably be obliged to leave on that day and any remaining funds, will be forfeited.
- Any additional work requested for a resident will be billed for accordingly.
- Failure to pay fees as per agreement and within the required time frame will result in suspension of service delivery and/ or legal action.
- Program periods after an initial 6-month period, are recommended on thorough assessment by the multi-disciplinary treatment team. Should it be agreed, by the guarantor, that the individual remain in treatment per recommendation, the individual agrees to complete program periods of 3 months at a time and that the individual/sponsor is liable for the costs of programme and other fees which make up these periods. Leaving prior to the completion of a program period, constitutes absconding and all related fees will be forfeited.
- In the event of a monthly payment scheme approval, the individual/sponsor will be liable to pay the outstanding fees owing on the program. Healing Wings reserves the right to institute legal action, should these terms not be adhered to.

Banking Details

Bank:	**NEDBANK**
Branch:	Johannesburg Central
Branch code:	198 765
Account Number:	1131037944 (Current)
VAT Reg no:	4590255016
SWIFT code:	**NEDSZAJJ**

Please note that by signing this document you are attesting to being made aware of the prospective resident's application and the information relating to fees and fee structure. You will only be liable for the above-mentioned fees upon confirmation that the respective resident has been accepted and will be attending Healing Wings South Africa. It is agreed that accounts are payable on the invoiced due date. Invoices not paid by the due date, will be charged a late payment interest charge of the current prime interest rate, per day outstanding, unless prior arrangement is made with management. Please note that invoice queries are to be made within 7 days of invoice, otherwise the invoice will be deemed to be in order.

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I understand that the fees payable in advance, are non-refundable, and that should the patient leave for any reason whatsoever (including but not limited to expulsion) prior to the program being completed, no monies are liable to be refunded. Healing Wings South Africa reserves the right to claim recovery of any amount still outstanding, notwithstanding the early termination thereof.

I further understand that Healing Wings South Africa in no way takes responsibility for non-payment of any Medical Aid claim for Treatment Invoices. I further give permission for all financial documents (invoices and statements) to be sent to me electronically in the form of encrypted PDF documents (128bit encryption).

I hereby agree and will abide by the above conditions:

Guarantor Sign _____ Date _____

Witness Sign _____ Date _____

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PARENT/SPONSOR/GUARDIAN CODE OF CONDUCT

Parents, Legal Guardians and Sponsors have the responsibility to:

- Actively support the efforts of Healing Wings and its staff to treat their loved ones.
- Accept that harm caused by not following therapeutic recommendations is outside of the control of Healing Wings.
- Always adhere to the terms of the contract and the policies and procedures of Healing Wings. Any queries should be directed to the Case Manager or a member of management.
- Verify information received from the resident before acting on it.
- Support the implementation of the disciplinary structures and procedures of Healing Wings.
- Always treat all staff with dignity, courtesy, respect, and patience. Parents, guardians, or sponsors who act discourteously, aggressively, threateningly or make prejudicial allegations of any kind are acting abusively and are damaging the relationship with Healing Wings. Any such abuse of staff members will result in the immediate declaration of breach of contract. Staff members have been instructed to terminate conversations, phone calls, meetings, or disciplinary enquiries where the other party is abusive, venting emotions, obstructive, argumentative or makes prejudicial statements.
- Dissatisfaction of any kind must be addressed by communicating with the case manager or a member of management. Deviating from this procedure, complaining to any third party or spreading discontent will be deemed a breach of contract. Written confirmation of the withdrawal of a complaint from the third party will be necessary for the school to consider restoring the relationship. Healing Wings may also require written confirmation from the third party that they are no longer involved in the matter.
- Ensure integrity in all matters. Always ensure honest and accurate communication. A lack of integrity will be dealt with in the same way as discourtesy or abuse, as indicated above.
- Uphold the professionalism of Healing Wings staff and management with the resident, with reservations and questions being directed privately and respectfully through the management team.
- Accept the visitation and communication policies regarding the frequency of visits and phone calls.

PRE-ADMISSION CHECKLIST

- The following is to be emailed to help@healingwings.co.za ahead of admission:
    - Completed admission forms
    - Copies of ID and medical aid
    - A brief background history of the applicant
    - Copies of prescriptions and medical documentation
    - Referral or professional report from previous treating professional i.e. Psychiatrist, Psychologist or Social Worker

- Original scripts and 3 weeks supply of all prescription medication must accompany the resident on arrival
- Ensure that medical and dental treatment is complete, as far as possible before arrival
- Ensure that all travel details are confirmed prior to admission and relayed to admissions officer

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Protection of Personal Information Act (PoPIA)

PoPIA aims to promote the protection of your personal information as processed by public and private bodies and seeks to balance the right to privacy against other rights, such as access to information. PoPIA will therefore regulate how South African businesses handle your personal information.

Healing Wings takes the security of your personal information very seriously. We take every effort to protect your personal information from misuse, interference, loss, unauthorised access, modification, or disclosure. Healing Wings has an obligation to apply due care in the management of personal information and comply with the legislation as it collects, processes, stores and destroys personal information records as part of executing business processes.

Our measures include implementing appropriate access controls and investing in the latest information security capabilities to protect our systems. Access to your personal information is only permitted among our employees on a need-to-know basis and subject to strict contractual confidentiality obligations when shared with third parties for agreed treatments.

Your personal information will only be processed based on the terms and conditions as agreed as per your policy contract with Healing Wings, and/or with the necessary consent provided through any voluntary, specific and informed agreement in terms of which you gave permission for the processing of your personal information. The sum of which is the personal details you provide in these admission forms are to be used for billing, therapeutic feedback, and distribution of Healing Wings marketing material.

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