IST MEDICAL SCHEME CLINIC

Belia Klaassen, MD
Ype Smit, MD

P.O. Box 2651
Dar es Salaam, Tanzania
Tel.+255 22 2601307/08
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Mobile: 0754-783393
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MEMBERSHIP REGISTRATION FORM

TO BE COMPLETED BY THE PRIMARY MEMBER

Last Name: ______

Middle Name: ______

First Name: ______

Date of Birth: DD ____ MM ____ YYYY ______ **Gender:** ☐ **Male** ☐ **Female**

Physical Address: ______

Postal Address: ______

City: ______ **Country:** ______

Organization: ______

Insurance ***(if any)*****:** ______

Telephone: **Home:** ______

Work: ______

Mobile: ______

Email Address: **Private:** ______

Work: ______

Emergency Contact: **Name:** ______ **Relationship:** ______

Telephone: ______

Type of Membership:
- ☐ **Individual: Security Deposit $200**
- ☐ **Couple: Security Deposit $350**
- ☐ **Family: Security Deposit $500**

Kindly state if you wish to receive invoices by: ☐ **Post** ☐ **Email**

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PLEASE PROVIDE US WITH INFORMATION OF ALL SECONDARY MEMBERS APPLYING FOR MEMBERSHIP

LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER M/F	RELATIONSHIP	TELEPHONE

Terms and Conditions

1. All invoices will be sent through the mode requested, however, it is the primary member's responsibility to confirm with Accounts Department and settle any outstanding medical bill within **30 day credit period.**

2. If an account has an outstanding balance of more than **2 months**, the members, upon their visit, will be directed to Accounts Department to discuss the payment plan.

3. After receiving **two** reminders, if the account remains unsettled for a period of more than 3 months, IST Medical Clinic will offset the account balance against the security deposit. The members will then be classified as private patients and have to pay cash on their next visit to the clinic. The membership will be reactivated once the account has been settled and security deposit has been paid.

3. If the primary member decides to cease membership with IST Medical Clinic, a **two week** prior notice will be required for the request to be processed. Thereafter, if the account has no outstanding balance, the security deposit will be refunded in the same currency as it was initially paid.

4. For family membership, a maximum of **six individuals** can be registered under the scheme.

5. Please submit a copy of your **passport or National ID** for our records.

6. Members that require insurance claim forms to be filled out by the doctor, must fill the top portion of the form and submit during their consultation. The forms will be ready for pick up at the Accounts Department only if the account has been settled.

Please sign below to indicate the following:

☐ **All the information provided is true and correct**
☐ **I have read and understood the terms and conditions above**
☐ **I accept financial responsibility in full for this account**

SIGNATURE OF PRIMARY MEMBER **DATE**

OFFICIAL USE ONLY

Paid by Cash /Chq /Credit Card ___________________________ **Receipt No.:** ______________________

Signature: ____ **Date:** ___________________________