

# Financial Intake Form

## Fees

Fees are payable in advance on arrival. Any refund of fees is at the discretion of the management.

Detoxification (external)	<input type="text"/>	Detoxification (in house)	<input type="text"/>
Primary	<input type="text"/>	Secondary	<input type="text"/>
Relapse Recovery	<input type="text"/>	Tertiary	<input type="text"/>
Emergency Health Fund (refundable)	<input type="text"/>	Pocket Money	<input type="text"/>
Total	<input type="text"/>	Paid YES <input type="checkbox"/> NO <input type="checkbox"/>	

Payment Arrangements

## Principal Member of Medical Aid / Guarantor

Surname (title)	First name
Relationship to Patient	Tel (work)
Home	Cell
Postal Address	Post Code
I D / Passport number	Date of Birth

## Medical Aid

Name of Medical Aid	Medical Aid Plan
Membership Number	Date Joined