

Natalie Pretorius

BA (Health & Soc Sci) (UNISA), BSocSci (Hons) (Psych) (SACAP), PGCE (FPSE) (UNISA) (Cum Laude),
MEd (Ed Psy) (UJ) (Cum Laude)

Educational Psychologist

PR No: 0869589 / HPCSA Reg No: PS0145157

📍 194, Theo Street, Wierda Park, 0149

✉️ nataliec.pretorius@gmail.com

🕒 Consultation Hours: Mon – Fri, 08:00 – 17:00

📞 082 817 9356

ACKNOWLEDGEMENT OF DEBT

I _____ (*Full name of the person responsible for the account*), Consent to _____ (*Full name of client*) receiving psychotherapy/assessment/counselling with Natalie Pretorius (Educational Psychologist) and agree that:

1.1 I am fully responsible for the payment of account/s resulting from treatment/psychotherapy /assessment of the above-mentioned client. My medical aid, if any, is NOT responsible for this account.

Initial _____

1.2 In the event of the Medical Aid Society, if any, are not paying the account/s or any part thereof, I will become liable for the payment of the account/s immediately and accept full responsibility to make payments due within 7 days of the treatment date.

Initial _____

1.3 It is my responsibility to inform Educational Psychologist, Natalie Pretorius in writing of any change of address or contact details I might have. I acknowledge that Natalie Pretorius (Educational Psychologist) has the right to charge interest at the rate of 10% per annum on all accounts older than 30 days.

Initial _____

1.4 In the event of any account not being paid after 60 days, without arrangements for payment being made, I acknowledge that I will be held liable/responsible for all legal/attorney/debt collection, and/or I may be called to appear before the smalls claims court.

Initial _____

1.5 I elect the address and email address below as my postal address and email address to which all outstanding accounts should be e-mailed/posted. Accounts will preferably be emailed to the below email address given and a “read receipt” will be requested. This will be kept as proof of receipt of the account.

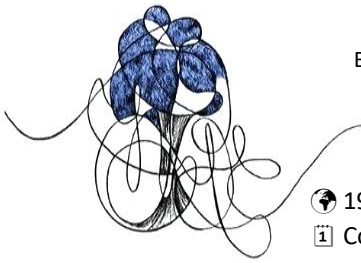
Initial _____

1.6 The physical address where I live, and work written down below are where summonses or outstanding accounts can be delivered by hand.

Initial _____

I fully understand the previous six points (1.1 – 1.6) and have had the opportunity to ask any questions if necessary, or to discuss any financial challenges I may be experiencing upfront.

Initial _____



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DETAILS OF PERSON RESPONSIBLE FOR THE ACCOUNT

FULL NAME:

ID NUMBER:

PHONE NUMBER:

CELLPHONE NUMBER:

POSTAL ADDRESS:

PHYSICAL ADDRESS:

CURRENT EMPLOYER:

CURRENT PHYSICAL WORK ADDRESS:

CURRENT WORK NUMBER:

EMAIL ADDRESS/S

I Declare that the above information given is true and correct at the time of signing this document and take full responsibility for updating my details if any of the above information changes.

SIGNATURE (of person responsible for account) _____

CONTACT DETAILS OF RELATIVES/FRIENDS NOT LIVING AT THE SAME ADDRESS:

FULL NAME:	
CELL NUMBER:	
E-MAIL ADDRESS:	

FULL NAME:	
CELL NUMBER:	
E-MAIL ADDRESS:	