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# FORM OF ACCESSION (FOA)

to the  
Contract between

**THE INDEPENDENT PRACTITIONERS  
ASSOCIATION FOUNDATION**  
(Registration Number: 2009/001513/08)  
( hereinafter referred to as ‘the Foundation’ )

and

**CENTRE FOR DIABETES AND  
ENDOCRINOLOGY**  
(Registration Number: 1994/001693/07)  
( hereinafter referred to as ‘CDE’ )

Signed by

Dr. \_\_\_\_\_

HPCSA Number MP. \_\_\_\_\_

Practice Number: \_\_\_\_\_

Group Practice Number (if applicable): \_\_\_\_\_

ID. NO: \_\_\_\_\_

IPA Affiliation (if Applicable): \_\_\_\_\_

(hereinafter known as the “provider”)

**I, the aforementioned and undersigned hereby apply to participate as a contracted provider to the IPA Foundation / CDE Network and accept the terms, conditions and provisions as set out in this Form of Accession.**

**1. Recordal:**

- 1.1 Whereas, the undersigned is a contracted provider of the IPA Foundation; and
- 1.2 Whereas, the Foundation, pursuant to clauses 2.3.12 and 3.8 of the IPA Foundation / Contracted Provider Agreement (the Main Agreement) may invite contracted providers to take part in any contract negotiated between the Foundation and another party;
- 1.3 The Foundation hereby invites its contracted providers to take part in the contract between the IPA Foundation and the Centre for Diabetes and Endocrinology, to service certain patients with Diabetes Mellitus, under the provisions of this FOA.
- 1.4 The provider agrees that unless a word or phrase is specifically interpreted and a provision categorically included, all words and phrases and all provisions shall bear the same meanings and have the same force or effect, as those contained in the Main Agreement and that should there be a conflict between words, phrases and provisions in this FOA and those in the Main Agreement, shall prevail.

**2. Application and Undertaking:**

- 2.1 The provider hereby formally applies for the said participation as follows:
  - 2.2 The provider undertakes the following:
    - 2.2.1 To successfully complete the one day course in basic diabetic management, within 6 months of his/her signature of this FOA.
    - 2.2.2 That he/she will perform the various services, both clinical and administrative that are contained in the various Annexures to this Addendum.
    - 2.2.3 That he/she will submit himself/herself to and accept the review and grading performed by the CDE with approval of the IPA Foundation, as noted in Annexure B of this Agreement, which grading shall determine the fee paid to

the provider, it being noted the provider shall have the right to appeal non-payment of any claim by means of a written request (e-mail or letter) to the CDE, within 14 days. The relevant contact details being:

Mr Ismail Ebrahim

011 – 712 6000

Ismail@cdecentre.co.za

- 2.2.4 That the provider will not balance bill patients who see him/her under the provisions of this FOA, nor claim from the patient's medical aid.
- 2.2.5 Claims for consultations unrelated to Diabetes Mellitus, are to be rendered to the patient's Medical Scheme, in the usual way.
- 2.2.6 Only patients with Diabetes who are registered in writing on the CDE programme, by their scheme or option, are to be seen under the provisions of this FOA and, any acceptance forms signed at the Doctor's rooms should be faxed to DMP Membership at (011) 728-6661.
- 2.2.7 Patients will choose their doctors in the network, failing which they will be allocated to a participating provider, by the Foundation.
- 2.2.8 General Practitioners who are currently on the traditional contract with the CDE may opt to resign their current contract, and sign this FOA, if they are contracted to the Foundation.
  - 2.2.8.1 Similarly a contracted provider who has done the one day course, may opt to do the full course and sign the full risk-taking agreement.
  - 2.2.8.2 A doctor may however not be on both contracts simultaneously.
- 2.2.9 That any completed, initialled and signed contract, whether submitted by hand, post, facsimile or e-mail shall be regarded as valid.

### **3. Termination:**

- 3.1 Both the provider, (undersigned) and the Foundation may terminate this FOU at any time, with 90 (ninety) days written notice, failing which this FOU will continue in force.
- 3.2 It is noted that from time to time changes may become necessary that affect this FOU, inter alia, but not confined to, the annual setting of fees as agreed by the IPA Foundation and the CDE, and that all participating general practitioners will be informed by the Foundation, of any such changes, as well as the deadline, by which the Foundation, must receive the Notice of Termination, pursuant to such changes, failing which the doctor will be deemed to have elected to continue with this Agreement.

**4. Domicilium Citandi et Executandi and Contact Details:**

**4.1 The Foundation:**

**Physical Address:**

57 Rynlal Building,  
320 The Hillside Street,  
Lynnwood,  
Pretoria

Tel: (012) 348-8855

Fax: 086 657 7630

E-mail: [marlene@asaipa.co.za](mailto:marlene@asaipa.co.za)

**Postal Address:**

P. O. Box 36826,  
Menlo Park,  
Pretoria  
0102

**4.2 The Participating Doctor:**

**Physical:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Postal:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Code:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Signed by the participating doctor at \_\_\_\_\_ on this the  
\_\_\_\_\_ day of \_\_\_\_\_ 2010

\_\_\_\_\_  
**Doctors Signature**

Signed on behalf of the IPA Foundation by Dr A A Visser at Pretoria on the  
\_\_\_\_\_ day of \_\_\_\_\_ 2010

\_\_\_\_\_  
**Duly Authorized**

**Return together with initialled Annexures to: Marlene Nell  
P. O. Box 36826, Menlo Park 0102; or  
Fax to e-mail: 086 657 7630; or  
E-mail: [marlene@asaipa.co.za](mailto:marlene@asaipa.co.za)**