Iso Leso Optics (RF) (Pty) Ltd
PO Box 2127, Cresta, 2118
Helpline: 011 340 9200
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Email: info@isoleso.co.za
Website: www.isoleso.co.za
Reg No: 1999/13972/07
Administrators: HealthMan (Pty) Ltd

ISO LESO OPTICS LIMITED ("ISO LESO")

OPTION TO ELECT TO PARTICIPATE IN THE ISO LESO NETWORK PROVIDER AGREEMENT TO BE ENTERED INTO BETWEEN ISO LESO AND INDIVIDUAL OPTOMETRISTS IN RELATION TO MEMBERS OF THE MEDICAL SCHEMES LISTED IN THAT AGREEMENT AND IN THE ANNEXURES THERETO ("The Network Provider Agreement")

GENERAL INFORMATION

1. **The full versions of the Network Provider Agreement can be found on the Iso Leso website.**

2. This contract option form set out below, which is to be used only if you wish to participate as a provider in the Network Provider Agreement, must be returned to Iso Leso in one of the following methods:

   Physical delivery: Unit 16,
   Northcliff Office Park,
   203 Beyers Naude Drive,
   Northcliff,
   2195;

   Fax: 011 782 5601;

   E-mail: info@isoleso.co.za.

3. Iso Leso requires each optometrist who **DOES WISH TO PARTICIPATE** in the Network Provider Agreement, to return a signed contract option form in one of the methods outlined in paragraph 2 above.

4. Therefore, if you **DO NOT WISH TO PARTICIPATE** in the Network Provider Agreement, you need not return this contract option form.

5. Iso Leso reserves the option to confirm, deny or terminate participation in the Network Provider Agreement.

Directors: A Bhimma, A Camarena, N Janse van Vuuren, Z Jacobson, M Kawa, LE Ntlabathi, OK Manitshana (Non-Executive Chairperson), N Moloto, PG Muller, G Naidoo (CEO)

6. Iso Leso has currently entered into contracts with the following Medical Schemes in respect of the plan options as specified below:

NAME OF SCHEME	PLAN OPTIONS
Bankmed	Basic Plan
Bonitas	BonCap
Bonitas	BonClassic
Bonitas	Primary
Bonitas	Standard
Discovery Health	KeyCare Plus
Discovery Health	KeyCare Plus Access Option
LA Health	Key Plus
Medshield	All Plans
Quantum Health	KeyCare
Fedhealth	Blue Door
Fedhealth Maxima	Basis Plan
Medshield	MediBonus
Medshield	MediPlus
Medshield	MediValue
BP Medical Scheme	MediSaver
Tiger Brands Med Scheme	Premium Plus
Sasolmed	Iso Leso Members Only

This Option to Participate document shall also cover, from time to time, additional schemes with which Iso Leso may conclude network contracts.

OPTION TO ELECT TO PARTICIPATE CONTRACT PROVISIONS ("OPTION TO PARTICIPATE")

By signing this Option to Participate, I, the undersigned, do hereby agree and undertake to be bound to the following Material Terms and Conditions as well as the specific Scheme Benefit Designs and Rules as published from time to time for the contracted schemes.

1. That all patient care will take place at the physical address of my registered practice provided below and that no claims will be submitted from a mobile site.

2. To be bound by the General Terms and Conditions as set out in the Network Provider Agreement, as well as the specific Terms and Conditions in respect of each Medical Scheme listed above, as well as any further schemes with which Iso Leso may contract from time to time in the future.

3. That I intend to participate in the contracts referred to in clause 6 of the General Information above, with effect from the 1 January 2017 or later as may be required, the salient terms and conditions of which contracts are attached to the Option to Participate which I have read and accept.

4. I confirm that my practice is conducted at the stated address and that no claimed services will be conducted at locations other than stated. Attention is drawn to the following clause of the Network Provider Agreement

Clause 2.3.3
A Network Service Provider who operates a Mobile Practice shall be obliged to furnish Iso Leso Optics with written confirmation of registration as a Mobile Practice by the HPCSA, failing which no claims in respect of such practice will be paid.

5. That I will inform Iso Leso timeously, in writing, if I would like to resign from any individual contract by giving written notice to that effect.

_____ _____
Signature Print Name

_____ _____ _____
Print Practice Name Practice Number

_____

_____

_____
Practice Address

_____/_____/ 20_____
Date

Please forward completed registration form to: Iso Leso Optics Ltd, P O Box 2127, Cresta 2118, or fax to: 011 782 5601; or e-mail the completed form to: info@isoleso.co.za.

PRACTICE NUMBER (BHF PCNS NUMBER –PR NO)	
PRACTICE NAME	
TITLE	
FULL NAME & SURNAME OF PRACTICE OWNER (Responsible optometrist)	
FULL NAME & SURNAME OF OPTOMETRIST	
PHYSICAL ADDRESS OF PRACTICE	
PROVINCE	
POSTAL ADDRESS OF PRACTICE	
PRACTICE TEL. NO.	
PRACTICE FAX NO.	
CELL PHONE NO.	
E-MAIL ADDRESS	
HPCSA REGISTRATION NO.	
IDENTITY NUMBER	

BANKING DETAILS ***(Please complete in respect of each practice site and attach a copy of your ID)***

NAME OF ACCOUNT	
BANK AND BRANCH	
ACCOUNT NUMBER	
BRANCH CODE	

_____ _____

Signature **Print Name**

_____/_____/ 20_____

Date