



**THE FEDERATED EMPLOYERS  
MUTUAL ASSURANCE COMPANY  
(RF) (PTY) LTD**



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**DOCTOR'S ACCOUNT**  
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,  
1993 AS AMENDED

**EMPLOYEE DETAILS**

<b>Claim Number:</b>	<b>Date of Accident:</b>	<b>Staff Number:</b>
<b>Name of Employer:</b>		
<b>Name of Employee:</b>		

**Name of Doctor in attendance:** \_\_\_\_\_

**Practice number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VAT Registration Number:** \_\_\_\_\_

The medical practitioner rendering the account is regarded as the Principal. Please include in the following statement the fees due to any surgical assistant who has given professional assistance in the treatment of the case.

**PRINCIPAL'S FEE(S)**

Description of Service	Number of Treatments or visits and Dates thereof	Tariff Item	R	c.

**ASSISTANT'S FEE(S)**

Name and *Address	Description of Service	Tariff Item	R	c.

\* Address is only necessary if it is desired that separate payments be made. Omission of address will be taken to indicate that the fee is to be added to the payment of the Principal.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

