PRACTICE MEMORANDUM · SUPPLEMENT TO SEMINAR 2 AND WEBINAR 6

Modernising the Payment Toolkit for the Healthcare Practice

From “please pay by EFT” to predictable cash flow: card and payment links at the desk, PayShap Request for small balances, and a locked DebiCheck plan for everything else — with the SOP, the lock procedure and the reversal-prevention routine your front desk needs.

Collect on the day

Card, tap or link while the patient is still in the rooms. A plan is the exception, never the default.

Authenticate every plan

DebiCheck at the patient’s own bank. Never a paper debit order, never “I’ll EFT on the 25th”.

Lock it, then leave it

Agreement, mandate and collection say the same amount on the same date — and nothing can be reversed.

ASSENT COMPLIANCE (PTY) LTD
Adv. F.J.P. (Frikkie) Marais · November 2026

Receivables, Credit Management & Collections for the Healthcare Practice

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How to use this memo. Sections 1–4 are for the practitioner and practice manager: the why and the legal frame. Sections 5–7 are the working documents for reception and accounts: the SOP, the lock and the reversal table. Section 8 is for the Information Officer. Section 9 is the rollout plan — one month, no capital.

TEMPLATE PACK

The documents this memo refers to — the DebiCheck SOP (VS-DC-01), the one-page Payment Plan Agreement, the Acknowledgement of Debt (T16), the Financial Responsibility Agreement (T3), the demand letters (T-series) and the POPIA operator agreement (VS-OPA-01) — are issued, fully editable, to delegates of Webinar 6 and Seminar 2 as part of the 26-template pack.

Product names and fees are indicative as at November 2026 and are not endorsements. This memo is general guidance issued as a supplement to the seminar and is not legal advice on any particular account. Thresholds and examples are illustrative; set your own in the practice's Credit Management & Collections Policy.

SECTION 01

Purpose

The manual EFT is the weakest link in the practice's cash flow. The patient promises to pay, leaves with an invoice, and the practice waits — for a payment that depends on the patient remembering, having the money on the day they remember, and typing the reference correctly. Every day of waiting costs the practice money and every reminder costs staff time.

This memo sets out how to modernise the practice's Payment Toolkit so that patient liability becomes predictable cash flow. It moves the practice from "please pay by EFT" to three better instruments: a card or payment link at the point of service, a PayShap Request for small once-off balances, and a DebiCheck payment plan for everything that cannot be settled on the day. It includes a Standard Operating Procedure for DebiCheck, a procedure for locking a DebiCheck payment plan so it cannot be reversed, and a reversal-prevention routine.

1 **Collect on the day wherever you can.**
The practice only agrees to a plan where it cannot collect in full.

2 **Every plan is authenticated at the patient's bank through DebiCheck.**
Never a paper debit order form, never "I'll do the EFT on the 25th".

SECTION 02

The legal frame in one page

Nothing in a modern payment toolkit is unlawful — provided the practice keeps four sets of rules in view at once. The table says what each one demands of a payment plan.

RULE	WHAT IT REQUIRES OF THE PRACTICE	WHERE IT BITES IN THE TOOLKIT
HPCSA Booklet 19 (Ethical Billing, June 2024) paras 5.1, 7.1–7.4, 11.1, 12.1	Written informed financial consent before treatment; a payment plan is allowed but needs written consent and "should not be perceived as a credit agreement"; interest only once the account is due and unpaid, at no more than 2% per month; reasonable engagement before formal collection; no fees for services not yet rendered (except prostheses, scheme co-payments, foreign patients, custom devices).	The DebiCheck mandate is signed as part of the Financial Responsibility Agreement, not as a loan; no interest is built into the instalment; the plan is offered before handover.
National Credit Act 34 of 2005 s5 (incidental credit), s101, s103, Reg 42	An unpaid medical account on which a fee or interest is charged after the due date is an incidental credit agreement. Interest on incidental credit is capped at 2% per month; the practice is not a registered credit provider and may not charge initiation or service fees.	Keep the instalment equal to the capital only. If the practice adds interest, it must be the capped 2% and only from the date the account became due.
Consumer Protection Act 68 of 2008 ss 22, 48–51	Plain-language terms; no unfair, unreasonable or unjust terms; no waiver of the consumer's rights; the patient may cancel a recurring arrangement on reasonable notice once the debt is settled.	The plan document is one page, in plain words, and states the total, the instalment, the dates and the end date.
POPIA ss 9–11, 14, 19–22, 26–27	Banking details are personal information processed for the performance of the Financial Responsibility Agreement (s11(1)(b)); the payment-platform provider is an operator under a written agreement (s21); card data is never stored on practice systems; records are retained only as long as the account and tax rules require.	Mandate data lives at the bank and the payment provider, not in a drawer; operator agreement signed with the provider; retention set to 5 years after settlement.

The practical consequence: a DebiCheck plan that collects the capital in fixed instalments, with no interest, under a signed one-page agreement, satisfies all four at once. The moment the practice adds interest, fees or open-ended terms, it has to start thinking like a credit provider.

SECTION 03

The modern Payment Toolkit

The toolkit has four instruments. Each one is matched to a situation; the receptionist's job is to pick the right one at the desk, not to ask the patient which they prefer.

INSTRUMENT	USE IT WHEN	HOW THE PATIENT PAYS	REVERSAL RISK	COST TO THE PRACTICE (indicative, Nov 2026)
Card terminal / tap-to-pay SnapScan, Yoco, iKhokha, bank terminal	Patient is at the desk and the amount is known	Taps, inserts or scans before leaving	**LOW** — chargebacks are rare for a service delivered in person	About 2–3% of the transaction
Payment link PayFast, Yoco Link, Peach, SnapScan link, bank-issued; sent by WhatsApp, SMS or e-mail	Balance known after the scheme has paid; telehealth; patient has left; a deposit required under Booklet 19 para 12.1	Opens the link, pays by card or instant EFT; practice is notified the moment it clears	**LOW** — no proof-of-payment screenshots, no reference typos	About 2–3.5% plus a small fixed fee
PayShap Request From the practice's bank app, or through Netcash, Ozow, Stitch	Small once-off balances, usually under R3 000, where the patient banks with a PayShap-Request bank	Approves the request in their banking app; money lands in seconds	**VERY LOW** — the patient actively approves each request; no debit-order dispute process	A few rand per request, or free from some bank apps
DebiCheck payment plan	Any balance the patient cannot settle on the day, split into two or more instalments	Authenticates the mandate once at their own bank (app, USSD, ATM or branch); collections then run automatically	**LOWEST** — a valid DebiCheck collection cannot be reversed	R5–R15 per collection plus a mandate fee, through a PASA-registered provider

What drops out of the toolkit: the manual EFT, the unauthenticated "EFT debit order" on a paper form, and the Registered Mandate (RM) debit order. From 13 April 2026 the dispute window for EFT, Registered Mandate and DebiCheck debit orders is 60 days, and any dispute raised within those 60 days is reversed automatically, even where the collection was valid — only a valid DebiCheck collection is protected. A practice that still runs patient plans on EFT or RM debit orders is carrying a 60-day reversal exposure on every instalment it collects.

Practical notes on the two newest instruments

Payment links replace the invoice-plus-banking-details e-mail. The statement goes out with a single button; the practice's bookkeeping system reconciles the payment automatically against the account. Several practice-management systems (GoodX, Elixir, Healthbridge, MedeMass) already issue links from inside the patient account — ask the vendor to switch it on before buying a separate product.

PayShap Request is offered by African Bank, Capitec, Discovery, FNB, Investec, Nedbank, Standard Bank and TymeBank, and is suited to balances the patient would otherwise "EFT later". Some banks cap the amount per request and the number of requests per day, so the receptionist checks the patient's bank before sending one and falls back to a payment link where the cap bites.

SECTION 04

DebiCheck explained

DebiCheck is a debit order the patient approves at their own bank before the first collection. The practice (through a registered payment provider) sends the mandate details to the patient's bank; the bank pushes a prompt to the patient's banking app, USSD or ATM; the patient confirms the amount, the date and the frequency; the bank stores the authenticated mandate. From then on the bank itself holds the proof that the patient agreed.

That changes the collections relationship in three ways:

1. **The dispute rules flip.**
   A patient can only dispute a DebiCheck collection where the amount or the date differs from what they authenticated; any other reason is referred back to the practice. Collect exactly as mandated and the money stays collected.

2. **The practice gets preferential presentment and tracking.**
   The collection is presented early in the processing day, and the provider can track the account for up to 10 days and collect the moment funds arrive, rather than bouncing once and giving up.

3. **The mandate is frozen once authenticated.**
   It cannot be edited; any change to the amount, date or frequency needs a new mandate and a new authentication. That is a feature — it is exactly what makes the plan lockable (Section 6).

The mandate carries these settings, and the receptionist must understand each one because they determine what can later be disputed:

SETTING	MEANING	PRACTICE STANDARD
Instalment amount	The rand amount collected each cycle; every DebiCheck mandate must state one	Capital balance ÷ number of instalments, rounded up to the nearest rand on the last instalment
Maximum collection amount	The ceiling the bank will allow on any single collection, shown to the patient at authentication	Equal to the instalment — never set a "buffer" above it
Amount type	Fixed, variable or usage-based	Fixed
Frequency and collection day	Monthly, fortnightly, weekly; the day of the month	Monthly, on the patient's salary date + 1 day (ask, don't assume the 25th)
Adjustment category and rate	Whether, and by how much, the instalment may rise each year	Category: Never / 0%
First collection date and amount	A once-off first amount may differ from the recurring one	Only where a deposit is paid at the desk by card and the plan covers the rest
Tracking	Whether the provider may track the account for up to 10 days before marking the collection unpaid	On, 10 days

SETTING	MEANING	PRACTICE STANDARD
Debtor reference	Appears on the patient's statement	Practice name + account number — never a clinical description
Mandate end date / number of instalments	When the mandate expires	Set to the final instalment; never open-ended

Authentication types the provider will offer: real-time (TT1 — the patient approves on their phone while at the desk, within a few minutes), delayed (TT2 — the patient has until the next day to approve), and batch (the request sits for several days). The front desk uses real-time authentication while the patient is still in the rooms; a plan agreed by telephone or e-mail uses the delayed type with a 24-hour follow-up.

If the patient does not authenticate, there is no plan. The provider will offer to convert the request to a Registered Mandate; the practice declines — an RM mandate is disputable for 60 days on any ground.

SECTION 05 · STANDARD OPERATING PROCEDURE

Setting up a DebiCheck payment plan at the front desk

Document VS-DC-01 · Owner: Practice Manager · Applies to: reception, accounts, practice manager · Trigger: a patient balance that cannot be settled by card, link or PayShap on the day

Pre-conditions — set up once by the practice manager

Practice registered with a PASA-registered DebiCheck provider (examples: Netcash, Direct Debit, Stitch, NuPay, Sage Pay, Paysoft, or the practice's own bank) and a POPIA operator agreement signed (T22-series template or VS-OPA-01)

Debtor reference set to the practice name and nothing clinical

Plan thresholds approved in the Credit Management & Collections Policy: minimum balance for a plan (e.g. R1 500), maximum number of instalments (e.g. 6), maximum plan duration (e.g. 6 months), minimum instalment (e.g. R250)

The one-page Payment Plan Agreement (Section 6, Step 2) printed as a pad and saved as a fillable PDF

Reception trained on real-time authentication and on what to say when the bank prompt arrives

Procedure

01 **Try to collect first.**
Offer card, tap or payment link for the full balance. Offer a part-payment by card today and a plan for the rest. Only when both fail does the plan start. Record the refusal reason in the account notes.

02 **Check eligibility.**
Balance is at or above the plan minimum; the patient (or the person responsible for the account) is the holder of a South African bank account in their own name; no administration order, debt review or sequestration disclosed on the Financial Responsibility Agreement (T3). If any of these fail, escalate to the practice manager — do not improvise.

03 **Agree the numbers, not the story.**
Capital balance, number of instalments, instalment amount, first collection date, final collection date. Instalment = capital ÷ instalments; no interest, no admin fee. Ask for the patient's salary date and set the collection day to the day after it.

04 **Complete the Payment Plan Agreement**
(Section 6 sets out its contents). The patient signs; the receptionist countersigns; the patient gets a copy by e-mail or WhatsApp before they leave.

05 **Capture the mandate in the provider portal exactly as written on the agreement:**
fixed amount, maximum collection amount equal to the instalment, adjustment category "never", tracking on, end date equal to the final instalment. Double-key check: a second staff member reads the portal screen against the signed agreement before it is submitted.

06 **Send the authentication request (real-time type).**
Tell the patient: "Your bank will send you a message now asking you to approve a debit order of R[amount] on the [day] of each month for [n] months. Please open your banking app and approve it before you leave — we cannot activate the plan without it."

07 **Confirm authentication on the portal while the patient is present.**
Record the mandate reference number on the signed agreement and in the account notes. The account is then flagged "DebiCheck plan — do not phone, do not send statements of demand".

08 **If authentication fails or expires: do not convert to a Registered Mandate.**
Ask the patient to approve on their phone within 24 hours (delayed type). If still not approved after 24 hours, the balance is due in full and the normal dunning cycle resumes from the original due date. Record this on the account.

09 **File.**
Signed agreement and mandate reference go into the patient's financial record (not the clinical record). Retention: five years after the final instalment.

EXCEPTIONS	CONTROLS
Only the practice manager may: accept more instalments than the policy maximum; set a collection day other than salary date + 1; or vary the plan after it has started (which always means cancelling the mandate and authenticating a new one).	Monthly, the accounts clerk reconciles the provider's collection report to the practice-management system, lists every unpaid collection with its reason code, and reports the plan portfolio (number of active plans, rand value, unpaid rate) to the practitioner.

SECTION 06

How to lock a DebiCheck payment plan

A DebiCheck plan is "locked" when three things line up: the signed agreement, the authenticated mandate and every collection say exactly the same amount on exactly the same date. The bank then has no ground on which to reverse, and the patient has no ground on which to dispute. The lock has five parts.

1	2	3	4	5
Lock the debt before the plan	Lock the terms in a one-page agreement	Lock the mandate to the agreement	Lock the authentication	Lock every collection to the mandate

Step 1 — Lock the debt before the plan

The plan must sit on a debt the patient has already acknowledged. The Acknowledgement of Debt (T16) is signed first, stating the capital as a plain rand figure (keeping it a liquid document). The payment plan then refers to "the amount acknowledged in the AOD dated …". If the plan later fails, the practice goes straight to provisional sentence on the AOD — or judgment under sections 57 and 58 of the Magistrates' Courts Act — rather than proving the account from scratch. What makes the AOD a liquid document, and when the National Credit Act's section 129 notice must precede enforcement, is covered in Sessions 2 and 3.

Step 2 — Lock the terms in a one-page Payment Plan Agreement

It records: the parties; the AOD reference; capital amount; number of instalments; instalment amount; collection day; first and last collection date; that the instalments are collected by DebiCheck from the account the patient authenticates; that no interest or fee is charged while the plan is honoured; that the discount (if any) falls away and interest at 2% per month applies from the original due date if two consecutive collections fail (Booklet 19 para 7.3, NCA incidental-credit cap); that the patient will not cancel or stop the mandate while any instalment is outstanding and will give the practice 10 business days' written notice of a change of bank account; the patient's signature and the date. Nothing else. Written in plain language (CPA s22), signed by the person responsible for the account, not by a third party on their behalf.

Step 3 — Lock the mandate to the agreement

Capture the mandate as a fixed amount equal to the instalment; set the maximum collection amount to that same figure; adjustment category "never"; frequency monthly; collection day as agreed; number of instalments or end date as agreed; tracking on. Have a second person check the portal screen against the agreement before the authentication request goes out. A mandate captured as "variable" or with a maximum above the instalment reopens the amount-dispute door; one captured without an end date invites a cancellation dispute later.

Step 4 — Lock the authentication

Use real-time authentication while the patient is in the rooms, and wait for the "authenticated" status before the patient leaves. Record the mandate reference on the signed agreement. Keep the provider's authentication log (date, time, channel) with the agreement — that log is what the bank looks at when a dispute is raised, and what a court looks at if the practice ever has to prove the arrangement.

Step 5 — Lock every collection to the mandate

Collect only on the mandated day, only the mandated amount, only for the mandated number of cycles. Never submit an extra collection, never collect a different amount "because the patient said it's fine", never re-present a failed instalment on a different date as a separate transaction — tracking handles the re-presentment within the mandate. When the plan needs to change (a missed instalment is to be added to the end, or the patient changes banks), cancel the mandate and authenticate a new one on the new terms; never run two mandates against the same debt.

If all five hold, the only disputes the bank will entertain are the amount and the date, and both will match the authenticated mandate. The practice can then treat a plan on DebiCheck the way it treats a card payment — as money, not as a promise.

SECTION 07

Stop the reversals

A "reversal" at the front desk is really one of four different events, and each needs a different response. Treating them all as "the debit order bounced, phone the patient" is why practices lose money on plans.

WHAT HAPPENED	REASON THE BANK GIVES	CAUSE	WHAT THE PRACTICE DOES
Unpaid — insufficient funds	"Not provided for" / "insufficient funds" after tracking expires	Patient's account was short on the day and for the 10 tracking days	WhatsApp the same day with a payment link for the missed instalment; if unpaid after 7 days, the two-consecutive-failures clause starts counting. Never re-present outside the mandate.
Unpaid — account problem	"Account closed", "no such account", "account frozen"	Patient changed banks or the account was closed	Plan is suspended; patient must authenticate a new mandate on the new account within 10 business days (agreement clause). No new mandate = balance due in full.
Unpaid — payment stopped	"Payment stopped by account holder" / mandate suspended	Patient instructed the bank to stop the debit order	Breach of the agreement. Send the first demand letter (T-series demand template) the same week, citing the signed clause; offer a payment link for the arrears; handover follows the normal cycle.
Reversed — dispute upheld	Collection reversed after a dispute	For DebiCheck: amount or date did not match the mandate. For EFT/RM: any dispute within 60 days is reversed automatically	For DebiCheck: check the mandate against the collection file; if they match, log an invalid-dispute query with the provider the same day with the authentication log attached — the bank should decline a dispute on a collection that matches the authenticated mandate. For EFT/RM: the exposure is the instrument itself — migrate the plan to DebiCheck.

Prevention routine — five habits that remove most reversals before they happen

1. **Salary date + 1.**
   Ask every plan patient when they are paid and collect the next day. The 1st and the 25th are the busiest and worst days to collect for most patients.

2. **Tracking on, always.**
   A collection that tracks for 10 days rarely fails for insufficient funds on a working patient's account.

3. **A reminder two days before.**
   An automated WhatsApp or SMS: "Your [practice] instalment of R[amount] will be collected on [date]." Patients who are reminded do not phone the bank to stop a debit order they had forgotten agreeing to.

4. **Never touch the amount or the date.**
   The two things a DebiCheck patient can dispute are the two things the practice controls. Collect exactly as mandated, every time.

5. **Audit the reason codes monthly.**
   The provider's report tells the practice which failures are patient cash-flow (fixable with timing) and which are stopped payments (a collections problem). A practice that reads the codes stops guessing.

> **One caution for staff:** a reversal is not a licence to withhold anything. Booklet 19 para 5.4 bars withholding results or treatment outcomes for non-payment, and para 7.4 requires reasonable engagement before formal collection. The plan failing is an accounts event; the patient remains a patient.

What this routine cannot do. It handles a plan that was correctly set up. It cannot rescue a plan where the wrong person signed, the fee was never disclosed, or the account had already become incidental credit with interest running before anyone noticed — those are front-door failures, and Session 1 deals with them.

SECTION 08

POPIA and the Payment Toolkit

The modern toolkit is more POPIA-compliant than the old one, not less — provided the practice sets it up as a responsible party and not as a bystander. Five points cover it.

1 **Lawful basis is the contract, not consent.**
Banking details and the mandate are processed because they are necessary to perform the Financial Responsibility Agreement (s11(1)(b)). The practice does not need a separate POPIA consent for the plan, and should not ask for one — a consent can be withdrawn; a contract cannot.

2 **Minimality (s10).**
The mandate needs the account holder's name, ID number, bank, branch, account number and cellphone number. It does not need the diagnosis, the procedure or the scheme. The debtor reference on the patient's statement is the practice name and account number, nothing clinical. A debit order reference reading "Psych consult" is a s26 disclosure of special personal information to everyone who sees that statement.

3 **The provider is an operator (ss 20–21).**
The DebiCheck provider, the payment-link provider and the SMS/WhatsApp gateway each process on the practice's behalf. Each needs a written operator agreement covering confidentiality, security, sub-operators, cross-border hosting and security-compromise notification within 24 hours (use VS-OPA-01 / the T22-series template). Pick providers that are PASA-registered and PCI DSS certified; never store card numbers on a practice computer, in the practice-management system or on paper.

4 **Security (s19) at the desk.**
Mandate capture happens on the provider portal with individual staff logins, not a shared password. The signed Payment Plan Agreement goes into the financial file, not the clinical file, and is scanned to the account, not e-mailed around.

5 **Retention (s14).**
Mandate and plan records are kept for five years after the final instalment (Tax Administration Act s29; seven if the practice is incorporated), then destroyed; the provider's own retention is set in the operator agreement. The patient's right to ask what the practice holds about them (s23) extends to the plan file, so it must be findable.

SECTION 09

Implementation checklist — the 30-day rollout

The switch takes a month and needs no capital. In order:

Week 1 — Practitioner approves the plan thresholds (minimum balance, maximum instalments, maximum duration, minimum instalment) and adds a "Payment instruments" clause to the Billing Policy (T1 / VS-BILL-01): card at the desk; link or PayShap for balances; DebiCheck for plans; no manual EFT plans

Week 1 — Ask the practice-management vendor whether payment links can be issued from inside the patient account; if yes, switch on; if no, open an account with a link provider

Week 2 — Register with a PASA-registered DebiCheck provider; sign the operator agreement; set the debtor reference; set portal logins per staff member

Week 2 — Add the Payment Plan Agreement (Section 6, Step 2) to the template pack beside the AOD; add the "change of bank account" and "no stop-payment" clauses

Week 3 — Train reception on the SOP (VS-DC-01), the five-part lock, and the script for real-time authentication; run two test mandates on staff accounts

Week 3 — Set up the automated two-day-before reminder in the provider portal or the practice-management system

Week 4 — Migrate every existing EFT or paper debit-order plan: contact each patient, re-sign the Payment Plan Agreement, authenticate a DebiCheck mandate, cancel the old instruction. Any patient who refuses to re-authenticate has, by that refusal, told the practice the plan was never going to be honoured

Week 4 — Add the monthly reason-code reconciliation to the accounts clerk's checklist and the plan-portfolio line to the monthly report to the practitioner

Day 30 — Statements go out with a payment link and no banking details block

SECTION 10

Closing note

The practices that collect well are not the ones that chase hardest. They are the ones that make it easy to pay on the day and impossible to reverse what has been agreed.

A card terminal, a payment link, a PayShap Request and a locked DebiCheck plan do that between them, and every one of them fits inside Booklet 19, the National Credit Act, the Consumer Protection Act and POPIA when set up as described above.

But a payment instrument is only as strong as the account underneath it. That is what the three sessions of *Receivables, Credit Management and Collections for the Healthcare Practice* are built around:

1. **Session 1 locks the debtor and the terms before the first invoice** — who actually owes the money (adult, minor, spouse, guarantor, emergency, COIDA and RAF), fee disclosure under section 53 and Booklet 19, when an account becomes incidental credit, and a financial consent pack that holds up.

2. **Session 2 locks the claim and the arrangement** — the compliant account, ICD-10 and tariff coding, the rejection rework queue and the 60-day correction window, PMBs paid in full, reversals and audit claw-backs under section 59(3), lawful interest, and the acknowledgment of debt and payment plan this memo describes — with a live claims and ICD-10 Q&A with Alta Naude.

3. **Session 3 deals with the accounts no instrument can save** — the lawful collection cycle and its conduct rules, handover to collectors and attorneys, prescription, special debtors, write-offs and tax relief, and the practice's own Credit Management and Collections Policy.

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Put the toolkit to work

Webinar 6 — live online, 24–26 November 2026, 12h00–14h00 daily. Three practical sessions. Includes the delegate manual, the 26-template pack — among them the Payment Plan Agreement, the AOD and the DebiCheck SOP described in this memo — the full table of 23 payment instruments, recordings and a certificate.

R 1 350 excl. VAT per delegate until Friday 13 November · R 1 500 thereafter · three or more from one practice, R 1 250 each.

Programme and booking →

Prefer a day in person? Seminar 2 runs the same programme in George (19 Nov), Port Elizabeth (21 Nov), Sandton (28 Nov), Pietermaritzburg (3 Dec), Umhlanga Rocks (5 Dec), Vereeniging (10 Dec) and Roodepoort (12 Dec 2026), and in Centurion on 6 February 2027. R 1 950 excl. VAT, including lunch and 6 Ethical CPD points.

Seminar dates →

Sources

HPCSA — Booklet 19: Guidelines on matters relating to ethical billing practices (June 2024)
Direct Debit — How the new 2026 debit order dispute rules will impact your business (May 2026)
Netcash — DebiCheck FAQ
ACPAS — DebiCheck vs Registered Mandates: disputes and bank rules
IT-Online — PayShap Request participating banks
Netcash — PayShap fees and limits (2026)

This memo is general guidance issued as a supplement to the seminar and is not legal advice on any particular account. Thresholds and examples are illustrative; set your own in the practice's Credit Management & Collections Policy. © 2026 Assent Compliance (Pty) Ltd.