prime cure health
leading integrated healthcare

GP Nomination Form

IMPORTANT NOTE: *Please note that this GP Nomination Form must be completed in full and emailed to changemygp@primecure.co.za, fax 086 680 7124 or call the Prime Cure contact centre on 0861 665 665 . Upon approval, confirmation of change will be faxed/emailed/SMSed to the requestor within 24 hours of receipt.*

A Principal Member Details

First Name | Surname
ID/Passport No: | Tel (H):
Tel (W): | Tel (C):
Email:
Medical Aid: | Option:
Medical Aid No: | Employer:
GP Practice Name: | GP Practice No:
GP Practice Name: | GP Practice No:
Members Signature: | Date: D D M M Y Y Y Y

B Dependant Details

1. First Name: | Surname:
ID/Passport No: | Dependant Code:
GP Practice Name: | GP Practice No:
GP Practice Name: | GP Practice No:

2. First Name: | Surname:
ID/Passport No: | Dependant Code:
GP Practice Name: | GP Practice No:
GP Practice Name: | GP Practice No:

3. First Name: | Surname:
ID/Passport No: | Dependant Code:
GP Practice Name: | GP Practice No:
GP Practice Name: | GP Practice No:

4. First Name: | Surname:
ID/Passport No: | Dependant Code:
GP Practice Name: | GP Practice No:
GP Practice Name: | GP Practice No:

5. First Name: | Surname:
ID/Passport No: | Dependant Code:
GP Practice Name: | GP Practice No:
GP Practice Name: | GP Practice No:

6. First Name: | Surname:
ID/Passport No: | Dependant Code:
GP Practice Name: | GP Practice No:
GP Practice Name: | GP Practice No:

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