

# Patient Consent: Non-Formulary Medication & Benefits Form

**IMPORTANT NOTE:** Any Procedure not listed requires pre-authorization: Prime Cure: 0861 665 665 or Email: auth@primecure.co.za. Pre-authorization number should be recorded on the account to be considered for payment. Please submit your account electronically using the following destination code - 642P, alternatively post claims to: Private Bag X13, Rivonia, 2128

## A Doctor Details

Referring Doctor:  Practice No:   
 Tel (W):  Tel (C):   
 Fax:  Email:

## B Principal Member Details

Surname:  Initials:   
 Medical Aid:  Option:   
 Medical Aid No:  Employer:

## C Patient Details

Title:  Gender:  Male  Female First Name:   
 Surname:  ID No:   
 Dependant Code:  Tel (H):   
 Tel (W):  Tel (C):   
 Email:   
 Postal Address:  Code:

## D Patient Requested the Following Non-Formulary Medication

Nappi Code (e.g. 791237)	Medication Name (e.g. Ventolin Nebules)	Strength (e.g. 25mg)

## E Patient Agreed to the Following Services Not Covered Under the Benefits

Tariff Code (e.g. 791237)	Description (e.g. Ventolin Nebules)

## F Declaration

I, (the undersigned) \_\_\_\_\_ declare that I was informed by my doctor that the medication / investigation / procedure / services fall outside my Prime Cure benefits. I am aware that the medication / investigation / procedure / services will be for my personal account.

Signature: \_\_\_\_\_

Date: