

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: Prime Cure, Private Bag 2108, Houghton, 2041

A Doctor Details

Referring Doctor: Practice Number:

Email:

Tel: Fax: Cell:

B Details of Principal Member

Surname:

First Name:

Email:

Member Number: Medical Scheme: Option:

Employer: Paypoint No:

C Patient Details

Surname:

First Name:

Postal Address: Code:

Email: Dependant Code:

Tel: Fax: Cell:

Identity Number/Passport: Gender: Male Female Age

D Authorisation Details

If Applicable, please note that the Authorisation Number is only Valid for the Date of Service Authorised

Authorisation No: Authorisation Date:

E Clinical Information

F The Following X-rays & Ultrasound Procedures Do Not Require Pre-Authorisation

Indicate by means of a CROSS (X), Prime Cure Approved codes only (Please see Provider Manual for complete list of Codes)

X-Rays (Unilateral / Bilateral)

- | | | | |
|--------------------------------------|--------------------------------------|---|-----------------------------|
| <input type="radio"/> Skull | <input type="radio"/> Thoracic Spine | <input type="radio"/> Forearm | <input type="radio"/> Femur |
| <input type="radio"/> Neck | <input type="radio"/> Lumbosacral | <input type="radio"/> Pelvis | <input type="radio"/> Knee |
| <input type="radio"/> Cervical Spine | <input type="radio"/> Shoulder | <input type="radio"/> Hand | <input type="radio"/> Ankle |
| <input type="radio"/> Ribs | <input type="radio"/> Elbow | <input type="radio"/> Hip | <input type="radio"/> Foot |
| <input type="radio"/> Chest | <input type="radio"/> Upper Aerm | <input type="radio"/> Leg (Tibia, Fibula) | |

Ultrasound:

- Systematic Lupus Erymatosus
- Ulcerative Colitus
- Chronic Depression

G Radiology Request

Procedure Requested:

CPT 4 Code:

Signature: Copy To: Application Date: