

IMPORTANT NOTE: To be completed by General Practitioner. 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 Reasons for Referral

Clinical / Professional Diagnosis:

Motivation for Referral:

ICD 10 Code: Date on

E Specialist Practitioner's Details

Specialist Name: Practice Number:

Email:

Tel: Fax: Cell:

MP No: Consultation Date:

Authorisation No: Authorisation Date:

F Concomittant Medication - Patient Current Medicaton

Diagnosis (eg: Hypertention)	ICD 10 Code (eg: J10)	Medication Description (eg: HZTZ)	Strength (eg: 25mg)	Directions (eg: 1/Daily)	Date of Diagnosis	Repeats (eg: 6/12)	Dispense (Self/Medipost)

G Special Investigations

Date (eg: 01/01/2020)	ICD 10 Code (eg: FBC)	Result

H Additional Information

Complete if relevant to diagnosis

Weight: kg
 Height: cm
 BMI:
 Smoker: Yes No
 Cigarettes per day:

Injury on Duty Date: - -

Previous Motor Accident Date: - -

General Practitioner Signature: Date: - -