

IMPORTANT NOTE: Application forms are to be completed in full and submitted via fax: 0866 728 106 or email: dental.preauthorization@primecure.co.za. For any enquiries call the Prime Cure contact centre on 0861 665 665. Should benefits be approved, a letter of authorisation will be faxed to the attending dental practitioner/therapist within three (3) working days of receipt of this form. The following benefits require pre-authorisation: 5th or more amalgam restorations per beneficiary per annum, 5th or more resin restorations (anterior only) per beneficiary per annum and dentures, full/partial/reline/rebase.

A Dental Practitioner or Dental Therapist Details

Dental Practitioner: _____

Postal Address: _____ Code: _____

Email: _____

Council No: _____ Practice Number: _____

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: _____

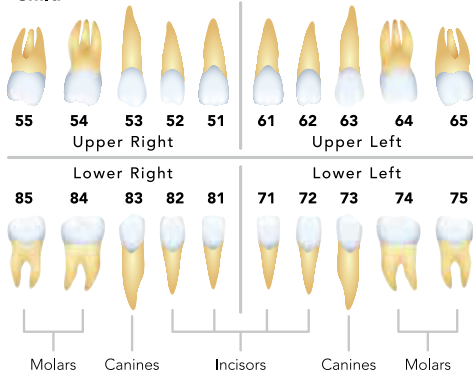
Email: _____ Dependant Code: _____

Tel: _____ Fax: _____ Cell: _____

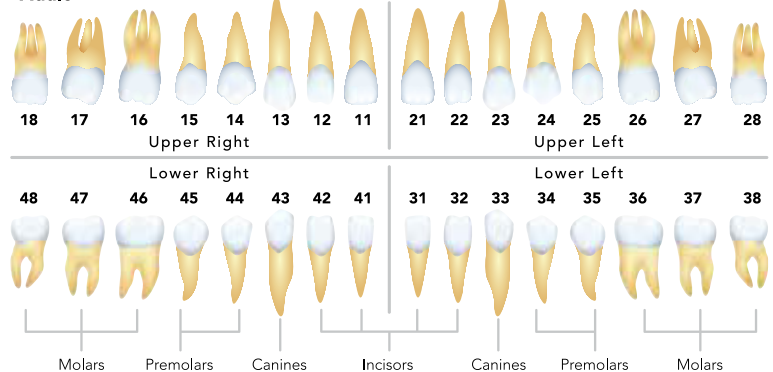
Identity Number/Passport: _____ Gender: Male Female Age: _____

D Essential Dentistry and/or Denture Application (Please tick the relevant Teeth Numbers below with an X and indicate tariff codes)

Child



Adult



Proc/Lab Codes	Tooth Numbers	ICD 10 Codes

Proc/Lab Codes	Tooth Numbers	ICD 10 Codes

Lab Practice No:	_____	Lab No:	_____
Co-Payment Value	_____	Receipt No:	_____
Practitioner Signature:	_____	Date:	_____