

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: 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 Patient Requested the Following Non-Formulary Medication

Nappi Code (eg: 791237)	Medication Name (eg: Ventolin Nebules)	Strength (Eg: 25mg)

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

Tariff Code (eg: 791237)	Description (Eg: Ventolin Nebules)

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.

Signed: Date: