

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/Policyholder:

Surname:
 First Name:
 Email:
 Member/Policy Number:
 Medical Scheme/Health Insurer: Medical Scheme/Health Insurer Plan:
 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: - -