

IMPORTANT NOTE: Please complete the entire form for your refund to be processed. Please email the completed form as well as your supporting documentation to refunds@primecure.co.za. Your refund will be processed within 14 days of receipt of all the information. Where no proof of bank details have been supplied, Prime Cure will not be held responsible for any payment made into an incorrect account.

A Details of Principal Member/ Policyholder

Surname:

First Name:

Email:

Member Number:

Tel:

Fax:

Medical Scheme/Health Insurer:

Cell:

Medical Scheme Plan/Option:

Identity Number/Passport:

Gender: Male Female Age

B Banking Details

The account holder must be the same as all the documents received.

Account Holder:

Bank Name:

Account Number:

Branch Name:

Branch Code:

Account Type: Transmission Cheque Savings

Signature:

Date:

y	y	y	y	-	m	m	-	d	d
---	---	---	---	---	---	---	---	---	---

C Supporting Documentation

The following documents are required for your refund request to be processed.

A copy of your ID.

A copy of the account you received from the provider that supports your refund claim.

Your receipt from the provider that shows proof of payment.

Any requests over R3000.000 must be accompanied by proof of banking details (such as a bank stamped statement or letter).

Your refund will be processed within 14 days of receipt of all the information.