

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: _____

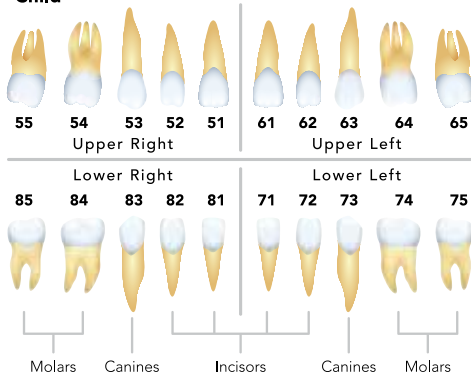
C Patient Details

Surname: _____
 First Name: _____
 Postal Address: _____ Code: _____
 Email: _____ Dependant Code: _____
 Tel: _____ Fax: _____ Cell: _____
 Identity Number/Passport: _____ Gender: Male Female Age: _____

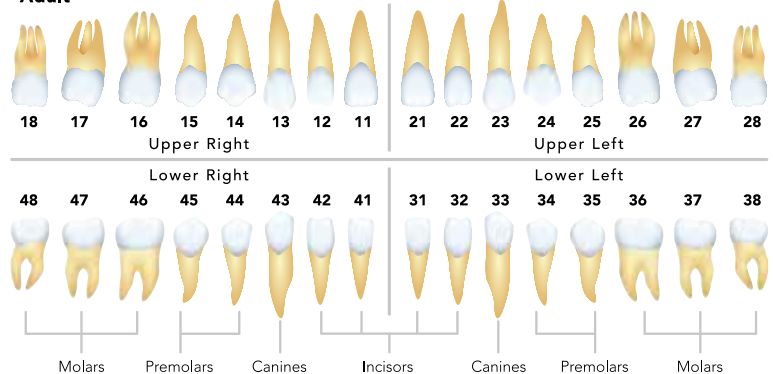
D Essential Dentistry and/or Denture Application

(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:	