

**IMPORTANT NOTE:** Only referrals to a Prime Cure pathology lab will be considered for payment. The necessary pre-authorisation must be obtained for the referring Healthcare Provider. Please submit claims electronically via your preferred switching house. Contact Prime Cure on 0861 665 665.

**A Doctor Details:**

Referring Doctor: \_\_\_\_\_ Practice Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**B Details of Principal Member:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Medical Scheme/ Insurance name: \_\_\_\_\_ Plan Option: \_\_\_\_\_  
 Member Number: \_\_\_\_\_ Paypoint No: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**C Patient Details**

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

**D Specimen Details:**

Start Routine Collection Time: \_\_\_\_\_ Consultation Date: \_\_\_\_\_  
 Pathology Practice Name: \_\_\_\_\_ Practice Number: \_\_\_\_\_

**E Clinical Information:**

Details	ICD-10 Code:
	1.
	2.
	3.
	4.

**F Test Selection:** The tests listed below **do not** require Pre-authorisation

Indicate by means of selection, Prime Cure Approved codes only (Please see the provider manual for complete list of codes)

Chemistry	Haematology	Endocrinology	Serology	Microbiology	HIV	Cytology	Drug Monitoring
Urea & Electrolytes	Serum Amylase	Full Blood Count	BHCG Qualitative	Hepatitis B (Carrier)	Specimen: HIV RAPID	PAP Smear (1 Slide)	Phenytoin
Glucose (Fasting)	Total Billirubin	ESR / Vis	TSH	Hepatitis A (IgG)	HIV ELISA		Theophylline
Glucose (Random)	Liver Function	Blood Group (Sml Plain)	Free T4	Hepatitis A (IgM)	Microscopy CD 4		Phenobarbitone
Total Cholesterol (Fasting)	Cardiac Enzymes	Malaria Screening	PSA	Rubella (IgM)	Micro & Culture Viral Load		Tegretol
Lipogram (Fasting)	CRP	PI / INR	FSH	Sputum TB AFB	PCR		Valproic Acid
Potassium	LDL	PTT		RPR Only			
Creatine	CK - MB	COOMBS		Rheumatoid Factor			
Uric Acid	CK	Hb Only		Widal (Typhoid) Only			
Troponin-T	AST						
D-Dimer	LDH						
HbA1c	HDL						
ALT							

Signature: \_\_\_\_\_ Copy To: \_\_\_\_\_  
 Application Date: \_\_\_\_\_