

IMPORTANT NOTE: Any procedure not listed requires pre-authorization: Prime Cure - 0861 665 665 or send via email to 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: _____
Medical Scheme/Health Insurer: _____ Email: _____
Medical Scheme/Health Insurer Plan: _____ Member/Policy Number: _____
Employer: _____ Paypoint No: _____

C Patient Details:

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

D Authorisation Details:

If applicable, please note that the Authorisation number is only valid for the date of service authorised
Authorisation No: _____ Authorisation Date: _____

E Clinical Information:

Details

F X-rays and Ultrasound:

Please refer to the GP manual Section 3, Radiology Codes, Page 15 for a list of codes that do not require pre-authorization

G Radiology Request:

Procedure Requested: _____ ICD-10 Code: _____
Signature: _____ Copy To: _____ Application Date: _____