

IMPORTANT NOTE: Application forms are to be completed in full and submitted via email: authorisation@kaelo.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: 4 or more amalgam restorations per beneficiary per annum, 4 or more resin restorations 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: _____ 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: _____

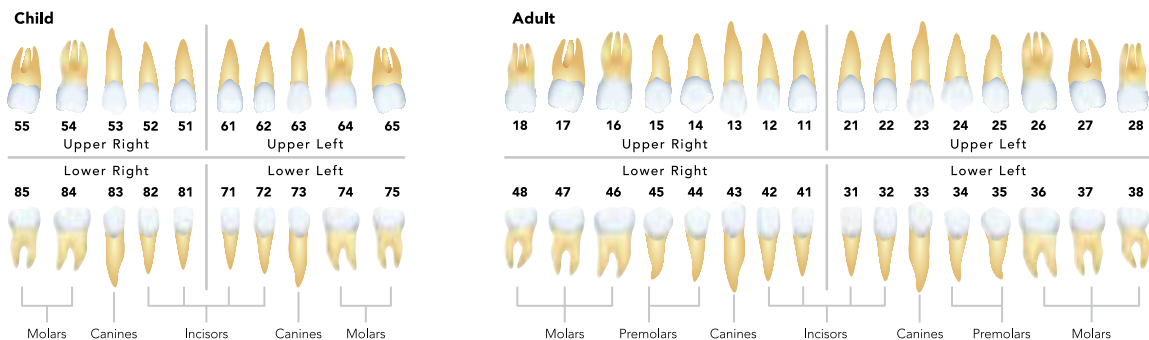
Email: _____ Dependant Code: _____

Tel: _____ 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)



| Proc/Lab Codes | Tooth Numbers | ICD-10 Codes |
|----------------|---------------|--------------|
| | | |
| | | |

Lab Practice No: _____

Co-Payment Value: _____

Practitioner Signature: _____

| Proc/Lab Codes | Tooth Numbers | ICD-10 Codes |
|----------------|---------------|--------------|
| | | |
| | | |

Lab No: _____

Receipt No: _____

Date: _____