

IMPORTANT NOTE: To be completed by referring Prime Cure Network doctor. Any procedure not listed requires pre-authorisation: Prime Cure - 0861 665 665 or send via email to patientmanagers@primecure.co.za. Pre-authorisation 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:

Surname: _____ First Name: _____
Email: _____ Employer: _____
Paypoint No: _____ Medical Scheme/Health Insurer: _____
Medical Scheme/Health Insurer Plan: _____ Member Number: _____

C Patient Details:

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

D Reasons for Referral:

Diagnosis/Suspected Diagnosis: _____
Motivation for Referral: _____

ICD-10 Code: _____ Date of Onset: _____ Date of Diagnosis: _____

E Specialist Practitioner's Details:

Specialist Name: _____ Practice Number: _____
Email: _____
Tel: _____ Fax: _____ Cell: _____
MP No: _____ Consultation Date: _____
Authorisation No: _____ Authorisation Date: _____

F Concomittant Medication - Patient Current Medication:

Diagnosis (eg: Hypertension)	ICD-10 Code (eg: J10)	Medicine Name	Strength (eg: 25mg)	Frequency of Administration	Date of Diagnosis	Repeats (eg: 6/12)	Dispense (Self/ Medipost)

G Special Investigations:

Date (eg: 01/01/2023)	Investigation Description	Result

H Additional Information:

Complete if relevant to diagnosis

Weight: _____ kg Height: _____ m BMI: _____ Smoker: Yes No Cigarettes per day: _____

Injury on Duty Date: _____ Previous Motor Accident Date: _____

General Practitioner Signature: _____ Date: _____