

Request for additional cover for COVID-19 testing



Contact details

Tel: 0861 638 633 • PO Box 652509, Benmore 2010 • www.netcaremedicalscheme.co.za

Who we are

Netcare Medical Scheme, registration number 1584, is a non-profit organization, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as “the administrator”) is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Netcare Medical Scheme.

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Purpose of form

This application form is to apply for additional cover for COVID-19 testing.

How to complete this form

- Fill in the form in black ink and print clearly, or complete the form digitally.
- Email the completed form to PMB_APP@netcaremedicalscheme.co.za or email it to 011 539 2780.
- To avoid administrative delays, please ensure this form is completed in full by you and your healthcare professional.

1. Patient details (main member to complete if patient is a minor)

Name and surname																			
Date of birth	D	D	M	M	Y	Y	Y	Y	Identity or passport number										
Membership number																			
Telephone (H)									(W)										
Cellphone									Fax										
E-mail address																			

The outcome of this application can be communicated to me via E-mail Fax

2. Request for additional COVID-19 testing

You have access to 2 screening PCR tests when referred by your doctor. Registered health professionals have access to 4 PCR screening tests from this benefit. Please complete this form only where you need cover over and above this.

Number of additional tests required	Consultation or procedure code

Signature of patient or main member where the patient is a minor

Date

D	D	M	M	Y	Y	Y	Y
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3. Healthcare professional's details (to be completed by the healthcare professional)

Name

Telephone -

Practice email

BHF practice number

Healthcare professional's signature

Date



Please only sign if information is true, correct and complete