

4. Doctor or healthcare professional's details

Name

Billing practice number Treating practice number

Contact number

Date of treatment

5. Medical details

Please note: you need to send a separate rand value for each procedure code as we cannot work with estimated or combined costs.

Healthcare professional

Practice number	Procedure code	Rand value

Anaesthetics

Practice number	Procedure code	Time	Rand value

Signed at (town or city) on

Signature of main member

Please do not sign an incomplete application form