



Contact details

Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

HIV PMB application form

Request for additional cover from the Prescribed Minimum Benefits

This form is valid for 2019, the latest version of the application form is available on www.tfgmedicalaidscheme.co.za

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is a non-profit organisation, 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). We take care of the administration of your membership for the Scheme.

Patient name and surname																		
Membership number																		

How to complete this form

Please ensure that all the relevant information required, as set out in the form is completed, including contact details for the provider and date of request.

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. To avoid administration delays, please ensure this application is completed in full and signed.
- 3. Please complete this form if you wish to apply for additional cover for the diagnosis of, medicine for, or out-of-hospital management of a Prescribed Minimum Benefit (PMB) condition.
- 4. You (the member) must complete Section 1 and Section 2 of this form.
- 5. Your doctor must complete Section 3 and Section 4, and include detailed documents supporting your application.
- Please fax this completed and signed form with any support documentation to 011 539 3151 or email it to HIV Diseasemanagement@discovery.co.za or post it to TFG Medical Aid Scheme, PO Box 536, Rivonia, 2128.
- 7. A dedicated case manager will call you and your treating doctor let you know about our funding decision and the process to follow if your application is approved.
- 8. You can also contact our call centre on 0860 123 077 if you have any questions.

1. Main member 's details	
Title Initials Surname	
ID number	
Membership number	Date of birth
Postal address	
	Code
Telephone (H)	(w)
Cellphone	Fax
Email	

2. About the patient						
Title Initials	Surnam	ne				
ID number						
Membership number					Date of birth	Y Y Y M M D D
Postal address						Code
Telephone (H)					(W)	
Cellphone					Fax	
Email						
May we communicate your information to yo	ou by email	or fax				
Relationship to main member						
Patient's signature (if patient is a minor, main member to sign)					Date	Y Y Y M M D D
3. Information about treatment re	quest (do	ctor to complete)				
3.1 Application for medical management						
Out-of-hospital Condition	RPL cons	sultation dure code	RPL descrip	tion		Number of consultations or procedures per year
3.2 Application for medicine Current medicine requested (please provide	e details)					
	Medicine r strength a				NAPPI code	Frequency
3.3 Application for radiology		I				
Condition	Code	Description				Quantity
3.4 Application for pathology						
Condition	Code	Description				Quantity
4. Doctor's details (doctor to complete	e)					
Name						
Name Practice number					Fax	

TFG Medical Aid Scheme is a registered medical scheme with the Council for Medical Schemes (CMS). The CMS contact details are as follows: e-mail complaints@medicalschemes.com / Customer Care Centre: 0861 123 267 / website: www.medicalschemes.com