



HIV PMB application form

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 not-for-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.

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.
6. Please email this completed and signed form with any supporting documentation to HIV_Diseasemanagement@tfgmedicalaidscheme.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 to 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

Membership number

ID or passport number

Member's surname

Member's name

2. About the patient

Title Initials

Surname

First name(s)

Membership number

ID or passport number

Postal address

PO Box Private bag Box number

Suite PostNet suite Number

Suburb Postal code

City

Telephone (H) Telephone (W)

Cellphone

Email

May we communicate your information to you by Email

For TFG Health members: You must nominate a GP in the Premier Plus GP Network to be your primary care doctor for the management of your chronic conditions. To find a doctor and learn more about the nomination process, you can visit the [website](#). For full cover on your GP consultations you must visit a Discovery Health Network GP. If you use a non-network GP you will have to pay a 20% co-payment.

Relationship to main member

Patient's signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(if patient is a minor, main member to sign)

Physical address

Unit/Suite number

--	--	--	--	--	--

Complex name

--

Street number

--	--	--	--	--	--

Street name

--

Suburb

--

City

--

Postal code

--	--	--	--	--

Postal address

PO Box

Private Bag

Box number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suite

PostNet Suite

Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb

--

Postal code

--	--	--	--	--

City

--

Signature of doctor

--

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---