

**Chronic Medication Application Form**

Broker Code: H69S

Policy Number

**Important Notes:**

- The policy holder must complete all personal and membership details.
- The treating doctor must complete all medical information.
- Please submit the completed and signed form together with any supporting documents to [preauth@mediscor.co.za](mailto:preauth@mediscor.co.za).
- Sanlam Primary Care is not a medical scheme and is not a substitute for medical scheme membership.

**POLICY HOLDER INFORMATION**

Title  Initials  First Name

Surname

Gender Male  Female  ID/Passport number

Date of Birth  -  -

Work Telephone Number  Work Fax Number

Cell phone Number  Home phone Number

**PATIENT INFORMATION**

Title  Initials  First Name

Surname

Gender Male  Female  ID/Passport number

Date of Birth  -  -  Dependent code

Work Telephone Number  Home phone Number

Cell phone Number  Relationship to member

E-mail Address

Weight (kg)  Height  Age

Do you smoke  Yes  No  If Yes, how many per day?

Do you consume alcohol?  Yes  No  If Yes, state type, quantity and frequency?

**PATIENT MEDICAL HISTORY**

Diagnosis	Year	Medication & Strength	Duration of use

Any other illness that the patient suffers from:

Environmental/Medicine allergies:

May current medication be substituted with a generic if appropriate?  Yes  No

## DOCTOR'S DETAILS

Surname	<input type="text"/>	Initials	<input type="text"/>	First Name	<input type="text"/>
BHF Practice Number	<input type="text"/>	SAMDC Reg Number	<input type="text"/>		
Telephone Number	<input type="text"/>				
E-mail Address	<input type="text"/>				
Practice Physical Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Practice Postal Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

## SCRIPT DETAILS

New application  Update  Change in treatment

Diagnosis	Medication & Strength	Directions	Number of repeats
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## DECLARATION BY DOCTOR

- I have verified this application against the Sanlam Primary Care Chronic Medication Formulary list in terms of the Sanlam Primary Care benefits.
- I agree to generic substitution, where a cost effective, less expensive alternative exists.
- I hereby declare that the information provided is true and correct.

Signature

Date  -  -

## DECLARATION BY PATIENT

I hereby authorise my doctor to furnish and/or disclose any fact to this application, and understand that the application is subject to the Chronic Medicine Formulary in terms of the Sanlam Primary Care benefit.

Signature

Date  -  -

Sanlam Primary Care is administered and Underwritten by GENRIC Insurance Company Limited (GENRIC), an Authorised Financial Services Provider (FSP 43638) and Licensed non-life Insurer. Sanlam Primary Care is not a Medical Scheme. The cover is not the as that of a medical scheme and is not a substitute for a medical scheme membership.

[Financial Planning](#)

[Investments](#)

[Insurance](#)

[Retirement](#)

[Wealth](#)

**Sanlam Health Solutions**  
2 Strand Road, Bellville, South Africa  
PO Box 1, Sanlamhof 7532, South Africa

T 0861 007 702  
E [Sanlam.info@afrocentric-ics.com](mailto:Sanlam.info@afrocentric-ics.com)

Sanlam Health Solutions Reg no 1959/001562/06  
Licensed Financial Services and Registered Credit Provider (NCRCP43)  
Refer to the Sanlam website for directors and company secretary details.

[www.sanlam.co.za](http://www.sanlam.co.za)

