momentum

medical scheme

Chronic Benefit application for Ingwe Option members

Important notes You can call us on 08 or email at chronic@		register for chronic benefits.	Alternatively, p	lease send the com	ipleted ar	nd się	gned	forn	n via	ı fax t	o 031 580 047			
1: Patient's deta Membership number Principal member's full na Patient's full name		Option name												
	atitionar ta furn	ich er dieglese env faste relat	ing to this appli	ination to Mamontu	m Madiaa	ı Cal	h o m o							
	actitioner to turn	ish or disclose any facts relat	ing to this appl	ication to Momentu	m wearca	ii Sci	петне	; .						
Name of signatory														
Signature of member			Da	Date D D M M Y Y Y Y										
2: For completion Chronic medication pr		eneral Practitioner												
Application for:		New	Ren	Renewal				Update						
Diagnosis (e.g. Hypertension) ICD10 Code (e.g. J10)		Medication description	Strength (e.g. 25mg)	Directions (e.g. 1/Daily)		Da (mo	te of diagnosis				Repeats (e.g. 6/12)			
						M	M	Y	Υ)	Y				
						M	M	Y	ΥΥ	ΥY				
						M	M	Υ '	Y	/ Y				
		mpleted. We cannot process				M	M	Y	Y	Y				
Supporting clinical info	ormation	g medical conditions that the												
2. Relevant history - far	nily													
Details of lifestyle an	d dietary progra	mmes												
4 Dotaile of non-modia	ation modelities	to manage this notices												
4. Details of non-medicate	auon modalities	to manage this patient												

Clinical assessment																	
Weight		kg	Height				cm B	вмі			Waist	circum	ference				cm
Smoking status	Never																
	Ex		Started	M	M -	- Y	YY	Υ	Stop	oped	M	- Y	YY	Υ	A۷	e/day	,
	Present		Started	M	-	- Y	YY	Y	Ave	day!	< 3		3 - 10			> 10	
Blood pressure reading	Initial											Date	D D	M	M	Υ	YY
	Present											Date	D D	M	M	Υ	YY
3: General Practitioner's in Doctor's name	formation	n —															
Practice number											Fax						
Telephone number								С	Cellph	one n	umber						
Email address																	
Postal address																	
													Posta	al cod	de		
I certify that the specific diagnosis indicate	ed above re	lates	to the me	edica	tion th	at I h	ave pre	scrib	oed.								

For completion by the General Practitioner (continued)

2:

Momentum Medical Scheme 201 uMhlanga Ridge Boulevard Cornubia 4339 PO Box 2338 Durban 4000 South Africa Client Service and Authorisation 0860 11 78 59 member@momentumhealth.co.za momentummedicalscheme.co.za Registered in terms of the Medical Scheme Act No 131 of 1998

Signature of General Practitioner