



Your Nominated GP Form

To be completed by Principal Members and Beneficiaries

Please note that no claims will be paid unless the nomination form is completed and submitted to Prime Cure before you visit your GP

Member Information (compulsory)												
Membership Number												*
Medical Scheme Name												*
Main Member Name												*
Main Member Surname												*
Main Member ID Number												*
Medical Scheme Option												*
Main Member Telephone Number												*
Main Member Cellphone Number												
Main Member Fax Number												
E-mail												

General Practitioner's Details (compulsory*). Nominated GP must be a contracted GP			
Dependant Name & Surname	Dependant Code	Practice Name	Practice Number
ID Number			
ID Number			
ID Number			
ID Number			
ID Number			

* ID number compulsory for main member, ID number or date of birth for dependants

Reason for changing from a previously nominated GP	
Member Signature	Date of Application
	Y Y Y Y / M M / D D

Submission Details
<p>Please note that the application form must be completed in full and submitted to the fax number or email address below. Upon approval, confirmation of change will be faxed/emailed/SMSed to the requestor within 24 hours of receipt. If you do not have a fax, email or cellphone number, kindly contact the Prime Cure contact centre on 0861 665 665 - 24 hours after submitting the form.</p> <p>Email: changemygp@primecure.co.za. Turnaround time to activate nomination is 24 hours from receipt of the form. Fax: 086 680 7124. Turnaround time to activate nomination is 24 hours from receipt of the form. Tel Number to nominate: 0861 665 665. Turnaround time to activate nomination is 2 hours from receipt of the instruction.</p>