Request for additional cover for COVID-19 testing

Contact details
Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

Who we are

Remedi is the medical scheme, registration number 1430, which is 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), which takes care of the administration of your membership of Remedi.

Purpose of the form

This application form is to apply for additional cover for COVID-19 testing.

How to complete this form

- Fill in the form in black ink and print clearly, or complete the form digitally.
- Email the completed form to **PMB_APP_FORMS@yourremedi.co.za** or fax it to **011 539 2780**.
- To avoid administrative delays, please ensure this form is completed in full by you and your healthcare professional.

1. Patient details (Main member to complete if patient is a minor)

Name and surname

Date of birth D D M M Y Y Y Y Identity or passport number

Membership number

Telephone (H) (W)

Cellphone Fax

Email address

The outcome of this application can be communicated to me via Email Fax

2. Request for additional COVID-19 testing

Number of additional tests required	Reason for the request

Signature of patient or main member

Date D D M M Y Y Y Y

3. Healthcare professional's details (to be completed by the healthcare professional)

First name(s)

Surname

Telephone

Email

BHF practice number

Healthcare professional's signature

Date D D M M Y Y Y Y

Please only sign if information is true, correct and complete