MEDSHIELD medical scheme

# GENERAL PRACTITIONER (GP) NOMINATION FORM

**Email: membership@medshield.co.za**

Please complete in black ink. Print clearly using capital letters. Only one character per block. All sections must be completed in full. Email the completed and signed form to membership@medshield.co.za

## SECTION A DETAILS OF PRINCIPAL MEMBER

Membership Number:

Member Name/s:

Member Surname:

ID/Passport Number:

Date of Birth: D D M M Y Y Y Y

Personal Email Address:

Business Email Address:

Cell Number:

## SECTION B GENERAL PRACTITIONER (GP) NOMINATION

Beneficiaries who nominate a GP will qualify for 2 additional visits from the Overall Annual Limit if the Day-to-Day Limit (or Personal Savings Account for **MediSaver** and **PremiumPlus**) is exhausted, provided they consult their nominated GP.

GP Nomination is linked to your chosen benefit options as indicated below:

- If you have chosen **MediPhila**, **MediCurve**, **MediValue Compact** or **MediPlus Compact** - it is compulsory for you and your dependants to each nominate ONE (1) GP from the network linked to your chosen benefit option.
- If you have chosen **MediValue Prime**, **MediPlus Prime**, **MediBonus**, **MediSaver** or **PremiumPlus**, the GP nomination is voluntary, and each beneficiary can nominate ONE (1) GP from the network linked to your chosen benefit option.
- If you have chosen **MediCore** (hospital plan) each beneficiary can voluntarily nominate ONE (1) GP from the network associated with your chosen benefit option. This allows each beneficiary to qualify for two GP visits from the Overall Annual Limit, even though it is a hospital plan, provided they consult their nominated GP.

The registered networks per option are available on the Medshield website at www.medshield.co.za

| Beneficiary | Beneficiary Name | Nominated General Practitioner Name | Practice Number / Telephone |
|---|---|---|---|
| Principal Member | | | |
| Dependant 1 | | | |
| Dependant 2 | | | |
| Dependant 3 | | | |
| Dependant 4 | | | |
| Dependant 5 | | | |
| Dependant 6 | | | |
| Dependant 7 | | | |

Signature of Principal Member: _____ Date: D D M M Y Y Y Y



Medshield is an Authorised Financial Services Provider (FSP 51381)