

FAMILY PRACTITIONER (FP) 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. The completed form needs to emailed to membership@medshield.co.za

SECTION A	DETAILS OF PRINCIPAL MEMBER
-	
Membership Number:	
Title:	Initials:
First Name/s:	
Surname:	
ID/Passport Number:	
Date of Birth:	
Email Address:	
Cell Number:	
Additional Cell Number:	

SECTION B

FAMILY PRACTITIONER (FP) NOMINATION

MediPhila: Each beneficiary MUST nominate only ONE (1) Family Practitioner from the MediPhila Family Practitioner Network to a maximum of two (2) Family Practitioners per family.

MediCurve: Each Beneficiary must nominate only ONE (1) Family Practitioner from the MediCurve Family Practitioner (FP) Network.

MediValue Compact and MediPlus Compact: Each beneficiary MUST nominate ONE (1) Family Practitioner (FP) which MUST be from the Compact Family Practitioner (FP) Network.

MediValue Prime and MediPlus Prime: Voluntary - can nominate a FP which MUST be from the FP network to a MAXIMUM of two (2) FP's per beneficiary. Where a FP was nominated from the FP Network & Day-to-Day benefit is depleted the member will qualify for an additional 2 visits per FAMILY from OAL.

The registered networks per option are available on the website, please visit: www.medshield.co.za

Beneficiary	Beneficiary Name	Nominated Family Practitioner Name		Practice Number / Telephone	
Principal Member		1		1	
		2	PRIME OPTION ONLY	2	PRIME OPTION ONLY
Dependant 1		1		1	
		2	PRIME OPTION ONLY	2	PRIME OPTION ONLY
Dependant 2		1		1	
		2	PRIME OPTION ONLY	2	PRIME OPTION ONLY
Dependant 3		1		1	
		2	PRIME OPTION ONLY	2	PRIME OPTION ONLY

Beneficiary	Beneficiary Name	Nominated Family Practitioner Name		Practice Number / Telephone	
Dependant 4		1		1	
		2	PRIME OPTION ONLY	2	PRIME OPTION ONLY
Dependant 5		1		1	
		2	PRIME OPTION ONLY	2	PRIME OPTION ONLY
Dependant 6		1		1	
		2	PRIME OPTION ONLY	2	PRIME OPTION ONLY
Dependant 7		1		1	
		2	PRIME OPTION ONLY	2	PRIME OPTION ONLY

Signature of Principal Member:

Date: