

Member consent for out-of-benefit dental procedures

- Important notes
- Complete this form if an out-of-benefit procedure is performed. The member needs to consent to the fact that there will be an amount payable by them for having the procedure done.
 - Please ensure that the practice and member contact information is completed clearly and correctly. We will send confirmation of the authorisation to the contact numbers and email addresses supplied.
 - For Fishmed Primary and Standard Option members, as well as Horizon Plus Network Option members, please email this form to network@momentum.co.za.
 - For Momentum Momentum Medical Scheme Ingwe Primary Care Network and Ingwe Active Network members and Momentum Health4Me members, please email this form to drnet@momentum.co.za.
 - For Pick n Pay Medical Scheme Primary Option members, please email this form to healthcareprovider@momentum.co.za.
 - For Sisonke Health Medical Scheme Option members, please email this form to info@sisonkehealth.co.za.
 - For Suremed Health Medical Scheme Option members, please email this form to info@suremedhealth.co.za.

1: Patient's details

Medical scheme membership number [input] Option name [input]

Principal member's full name and surname [input]

Patient's full name and surname [input]

Dependant code [input] Gender Male [input] Female [input] Date of birth [DDMMYYYY]

Contact number [input]

Postal address [input]

[input] Postal code [input]

2: Healthcare provider's details

Provider's full name and surname [input]

Practice number [input]

Telephone number [input] Cellphone number [input]

Email address [input]

3: Procedure information

Tariff codes	ICD-10 codes	Tooth number	Rand amount (R)
Total claim amount:			

4: Patient consent

I, the undersigned, [input]

understand that the above treatment/s will not be covered by my medical scheme, as they do not form part of my dental benefits.

Patient's signature (to be signed by main member or legal guardian if the patient is a minor)

[input]

Date [DDMMYYYY]