momentum
health solutions

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 Medical Scheme Ingwe Option 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 | Option name

Principal member's full name and surname

Patient's full name and surname

Dependant code | Gender Male ☐ Female ☐ | Date of birth D D M M Y Y Y Y

Contact number

Postal address

Postal code

2: Healthcare provider's details

Provider's full name and surname

Practice number

Telephone number | Cellphone number

Email address

3: Procedure information

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

4: Patient consent

I, the undersigned,

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)**

Date D D M M Y Y Y Y

Momentum Health Solutions (Pty) Ltd 269 West Avenue Centurion 0157 PO Box 7400 Centurion 0046 South Africa T +27 (0)12 671 8911 F +27 (0)12 671 8656 client@momentum.co.za
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