# MEDSHIELD
## medical scheme

# 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: D D M M Y Y Y Y

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: | D | D | M | M | Y | Y | Y | Y |