

# Request for pre-exposure prophylaxis (PREP)



## Contact details

Tel: 0861 638 633 • PO Box 652509, Benmore 2010 • [www.netcaremedicalscheme.co.za](http://www.netcaremedicalscheme.co.za)

This application form is to register for pre-exposure prophylaxis and to apply for antiretroviral prophylaxis medicine. Cover for antiretroviral prophylaxis medicine is available subject to the Scheme Rules and the terms and conditions of the benefit. This form is valid for 2024.

### Who we are

Netcare Medical Scheme, registration number 1584, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as “the administrator”) is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership for Netcare Medical Scheme.

### How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please make sure the form is completed in full and signed by a healthcare professional.
3. Once complete, please email it to [hiv@netcaremedicalscheme.co.za](mailto:hiv@netcaremedicalscheme.co.za).

### Consent for processing my personal information

I give the Scheme and the administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for the PREP benefit. I consent to the Scheme and the administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my healthcare provider and to relevant third parties, to administer the PREP Benefit as well as undertake managed care interventions related to the benefit.

## 1. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Membership number	<input type="text"/>	ID or passport number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		
Relationship to main member	<input type="text"/>		

## 2. Main member details (Please ONLY complete this section if the patient is a minor)

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>
Email address	<input type="text"/>
Patient's signature	<input type="text"/>
Date	<input type="text"/>

If patient is a minor, main member must sign

Please ensure your contact details are always up to date as we rely on this information to send you important information. You may update your details on [www.netcaremedicalscheme.co.za](http://www.netcaremedicalscheme.co.za).

