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Network GP Nomination form

Please note that by choosing a GP that's within a network prevents unnecessary use of your benefits and repeat of tests. Kindly note that both the main member and the beneficiaries are encouraged to nominate their own network GP.

Please complete all sections on this form using block letters.

Please return your completed form to us via one of the following methods:

- Email: Polmedgpnomination@medscheme.co.za
- Fax: 0861 728 722
- Walk-in branch: Hand deliver it to your nearest Polmed branch
- Post: Private Bag X16, Arcadia 0007

Section 1: Principal Member's Contact Details:

Membership Number:

Name & Surname:

Rank:

ID Number:

Postal Address:

Code:

Physical Address:

Code:

Telephone Home: Telephone Work:

Cellphone Number: Fax:

E Mail address:

Section 2: Current Network GP Details:

Please complete all sections on this form and complete your details using block letters.

	Name & Surname	ID Number	Doctor's name	Practice number	Dependant's Email Address/ Mobile number	Dependant's Physical Address
Main Member						
Dependant 1						
Dependant 2						
Dependant 3						
Dependant 4						
Dependant 5						
Dependant 6						

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Section 3: Change your GP

I request that my nominated GP be amended as indicated below:

Please complete this section if you would like to change your current nominated network GP.
*Only the main member is allowed to nominate 2 Network GP's

Please complete all sections on this form and complete your details using block letters.

	Name & Surname	ID Number	Doctor's name	Practice number	Doctor's Email Address/ Telephone number
Main member					
Dependant 1					
Dependant 2					
Dependant 3					
Dependant 4					

Member's signature _____

Date D D M M Y Y Y Y