

# PATIENT INFORMATION DETAILS



## MAIN MEMBER DETAILS:

Surname:		Telephone(H):																		
Initials:		Telephone(W):																		
Name:		Cellular Phone Number:																		
Medical Scheme:		ID Number:																		
Plan / Option:		Date Of Birth:	YYYY/MM/DD																	
Membership Number:		Email:																		
Alternative Contact Number(s):																				
I hereby authorise: _____ to sign on my behalf should I not be available to receive my medication parcel.																				
Contact Number(s) of authorised alternate consignee:																				

## ADDRESS DETAILS:

Delivery Address:		Code:	
Postal Address:		Code:	
Residential Address:		Code:	
Work Address:		Code:	

## PATIENT DETAILS:

Each patient receiving medication must be **listed** in this section

Dependant Code	Name	Date of Birth (YYYY/MM/DD)	Sex M/ F
(As per Membership card)	1		
	2		
	3		

Preferred date of first delivery: \_\_\_\_\_

## ORDERING METHOD:

Automatically sent every 28 days: \_\_\_\_\_ Patient to place order: \_\_\_\_\_

Do you give consent for Medipost to supply you with generic medication (should this be available)? No  Yes

In the event that my Medical Scheme fails to pay for the medication supplied to me and my dependants by MEDIPOST, I confirm and acknowledge that I, as principal member, will remain responsible for the payment to MEDIPOST who are entitled to seek payment from me for any amount/s not paid by the Medical Scheme on my behalf.

Signature of Main Member: \_\_\_\_\_ Date: \_\_\_\_\_

## Medipost Contact details:

Email: info@medipost.co.za  
Tel: 012 426 4000  
Fax: 0866 488 446

Consent was obtained from the relevant data subject(s) and all reasonable measures shall be taken to protect such personal information as well as ensuring that any information provided is only used for the purposes it has been provided for. "Personal information" shall be defined as detailed in the Promotion of Access to Information Act, Act 2 of 2000 ("PAIA") and the Protection of Personal Information Act, Act 4 of 2013 ("POPIA").