ANGLOVAAL GROUP MEDICAL SCHEME

Administered by Discovery Health

Contact details
Tel: 0860 100 693 • PO Box 652509, Benmore 2010 • www.avgms.co.za

Request for additional cover for COVID-19 testing

Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is a not-for-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). We take care of the administration of your membership for the Scheme.

Contact us

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Purpose of form

This application form is to apply for additional cover for COVID-19 testing.

How to complete this form

- Fill in the form in black ink and print clearly, or complete the form digitally.
- Email the completed form to **PMB_APP_FORMS@discovery.co.za** or fax it to **011 539 2780**.
- To avoid administrative delays, please ensure this form is completed in full by you and your healthcare professional.

1. Patient details (main member to complete if patient is a minor)

Name and surname

Date of birth D D M M Y Y Y Y Identity or passport number

Membership number

Telephone (H) (W)

Cellphone Fax

Email address

The outcome of this application can be communicated to me via Email ☐ Fax ☐

2. Request for additional COVID-19 testing

Number of additional tests required	Reason for the request

Signature of patient or main member where the patient is a minor

Date D D M M Y Y Y Y

AGMAAC001

Please note that this form expires on 31/03/2024. Up to date forms are available on www.avgms.co.za.

3. Healthcare professional's details (to be completed by the healthcare professional)

First name(s)

Surname

Telephone

Email

BHF practice number

Healthcare professional's signature

Date D D M M Y Y Y Y

Please only sign if information is true, correct and complete