medihelp
medical scheme

advice record

dimension prime network options

Please complete, sign and submit this additional advice record with your application form if you want to enrol on the Dimension Prime 1, 2 or 3 Network option and you have answered "Yes" to any of the questions in Section 9 (medical questionnaire) of the application form. This form should also be signed by your adviser.

Name and surname			
ID/Passport No		Adviser code	

I hereby certify that my adviser has informed me of the following:

		Please tick all boxes
1.	The network option does not provide cover for chronic medication.	
2.	I have to register my PMB chronic condition and my PMB chronic medicine must be pre-authorised. Medihelp uses a limited designated service provider (DSP) for PMB chronic medicine and a formulary applies. I will have a 60% co-payment if I do not obtain my PMB chronic medicine from the DSP or deviate from the formulary.	
3.	I am aware that my treating specialist and hospital should form part of the Dimension Prime hospital and specialist networks.	
4.	The Dimension Prime hospital network applies to all planned hospital admissions. If there is no network hospital near my place of residence, I will need to travel to the nearest network hospital to obtain services. If I use a non-network hospital instead, a co-payment of 35% will apply.	
5.	I have been informed that the Dimension Prime hospital network is limited and does not necessarily include all specialised facilities.	
6.	I have been informed that I will have to make a co-payment if I do not use the hospital network, applicable designated service providers and formulary medicine.	

Signature of applicant

Signature of adviser

Date

Date