

DOCTORS CHOICE FORM



This form to be sent to: COMMED Medical Scheme | Private Bag X146, Halfway House, 1685 | Fax: 011 783 5084 | membership@allcare.co.za

BENEFICIARY DETAILS		MEMBER	BENEFICIARY 1	BENEFICIARY 2	BENEFICIARY 3	BENEFICIARY 4
1	Title					
2	Initials					
3	First Name					
4	Surname					
5	Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
8	Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Cellphone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Gross Monthly Income	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
11	Relationship to member (husband, wife, son, daughter or other, if other specify)					
12	Does the beneficiary live at the same address as the member?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Town/City of residence					
14	General Practitioner of Choice					
	Doctor's Address					
	Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	No. of years consulted	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
15	Height and weight	<input type="text"/> , <input type="text"/> metres <input type="text"/> kgs	<input type="text"/> , <input type="text"/> metres <input type="text"/> kgs	<input type="text"/> , <input type="text"/> metres <input type="text"/> kgs	<input type="text"/> , <input type="text"/> metres <input type="text"/> kgs	<input type="text"/> , <input type="text"/> metres <input type="text"/> kgs

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PEACE OF MIND THROUGH AFFORDABLE HEALTHCARE