

Request for pre-exposure prophylaxis (PREP)

Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

Who we are

LA Health Medical Scheme (referred to as "the Scheme"), registration number 1145, is a non-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). Discovery Health (Pty) Ltd administers the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete the form digitally.
2. Please make sure the form is completed in full and signed by a healthcare professional.
3. Once complete, please email it to HIV_Diseasemanagement@lahealthms.co.za.
4. You can also contact our call centre on **0860 103 933** if you have any questions.

You must use the services of the Scheme's Network Providers

If you are a LA Comprehensive, LA Core, LA Engage, LA Active or LA Focus member, you must use the services of a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment on consultations.

If you are registered on the LA KeyPlus Option, you must make use of the services of a KeyCare Network GP or a Premier Plus HIV Network GP to avoid a 20% co-payment on consultations.

Please also log on to www.lahealth.co.za to confirm a Designated Service Provider pharmacy near you.

Consent for processing your personal information

I give the Scheme and Administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for the PREP benefit. I consent to the Scheme and Administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my healthcare provider and to relevant third parties, to administer the PREP Benefit and undertake managed care interventions related to the benefit.

1. Patient details

Title	<input type="text"/>	Initial(s)	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email address	<input type="text"/>		

Please ensure your contact details are always up to date as we rely on that information to send you important information. You may update your details on www.lahealth.co.za

2. Main member details (Please ONLY complete this section if the patient is a minor)

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>
Patient's signature	<input type="text"/>
Date	<input type="text"/>

If patient is a minor, main member must sign

