Medical Aid Scheme

Administered by Discovery Health

Contact details
Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Request for additional cover for Chronic Disease List (CDL) conditions registered on the Chronic Illness Benefit (CIB) 2025

Please complete this form if you want to request additional cover for your approved Chronic Disease List (CDL) condition.

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578. This 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). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administrative delays, please ensure this form is completed in full by you and your doctor.
3. Once complete, please email your form to **CIB_APP_FORMS@tfgmedicalaidscheme.co.za**.

1. About the patient (member to complete if patient is a minor)

First name(s) (as per identity document)

Surname

ID or passport number

Date of birth D D M M Y Y Y Y

Membership number

Telephone

Cellphone

Email address

The outcome of this application will be sent to you by email.

I give consent to TFG Medical Aid Scheme and Discovery Health (Pty)Ltd to use the above communication channel for all future communication.

Patient's signature

(if patient is a minor, main member to sign)

Date D D M M Y Y Y Y

2. Request for additional consultations and procedures (Doctor to complete)

Your patient has automatic access to an annual treatment basket containing a limited number of consultations and procedures when approved for a CDL condition. Please complete the table below where the request is for further cover or for consultations or procedures not included in the treatment basket.

Condition	Consultation or procedure code	Number of consultation or procedures required per year	Supporting information for the request

TFGRAC001

Please note that this form expires on 31/03/2026. Up to date forms are available on www.tfgmedicalaidscheme.co.za.
Alternatively members can phone 0860 123 077 and health professionals can phone 0860 44 55 66.

3. Request for cover in full for non-formulary medicine (Doctor to complete)

Please complete the table below where non-formulary medicine is prescribed for the treatment of CDL conditions and the request is for cover without co-payment. Please supply additional information and supporting documentation where appropriate, as to why the formulary medicine cannot be used by the patient, including details of treatment failure or adverse drug reactions where applicable.

Medicine name and strength	Quantity	Supporting information for the request

Previous Medicine history

Medicine name and strength	Date treatment with this medicine was initiated	How long did the patient use the medicine for?	Details of treatment failure or adverse drug reactions

4. Doctor's details (Doctor to complete)

Name and surname

Practice number

Speciality

Telephone

Email

The outcome of this application will be communicated to you by email.

Doctor's signature

Date Y Y Y Y M M D D