

Optometry Network: Declaration Form

Where products are purchased outside of the benefit entitlement*, it will be for the account of the patient.

The following additional items as specified by the optometrist does not form part of the available benefits and will not be covered by the medical scheme and you as patient will be liable to settle the amount with the optometrist.

In the event that you were not adequately informed of co-payments and the reason by the Optometrist, you may phone our call centre on 011 - 461 6337 or 021 - 680 3823.

CODE	DESCRIPTION	AMOUNT (INCL VAT)
TOTAL		

* *Qualifying criteria applies to all benefits.*

I, _____ (name) with membership number _____ hereby declare that I have elected to add/ purchase the above items and I am aware that the above costs are not covered by my medical scheme. I will be personally liable for the cost and will settle the account directly with the optometrist.

Member Signature: _____

Date: _____