

## Medical Fact Finder



A Licensed and Authorized FSP

1. Name and Surname of applicant
2. Date of birth of applicant
3. Marital status
4. Do you also wish to place your spouse on medical aid?
5. If yes, what is spouse's date of birth?
6. What are the ages of the children you wish to add on medical aid?
7. Were any of you or your dependents hospitalized during the past 12 months?
8. Do any of you or dependents take any chronic medication?
9. If "Yes" to Q8 please list the conditions and the person taking the medication
10. Were you a member of any medical scheme before?
11. If "Yes" above please state the periods of membership.
12. Is there a particular scheme you wish included in the quotations
13. Are you willing to make use of network doctors?
14. Network options are income-based. If you marked Yes above, please provide income of the payer.
15. Gap Cover pays the difference between what schemes pay and what specialists charge in the event of hospitalization, co-payments, trauma benefit and consumables. Should Gap Cover be included in the quotation?
16. What is the ideal amount that you wish to pay for medical aid?
17. What is the percentage of your employer subsidy (if subsidized) %

Completion of this form will enable me to draw up quotations pertinent to your needs and advise you accordingly.