HIVCare Programme application form 2026

Who we are

MEDiPOS Medical Scheme (hereinafter referred to as the "Scheme"), registration number 1548, is a not-for-profit organisation registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for MEDiPOS Medical Scheme and takes care of the administration of your membership.

Purpose of the form

This application form is to join the HIV*Care* Programme and to apply for antiretroviral medicine. Please always refer to the latest version of the medicine lists available at **www.medipos.co.za**.

What you must do

- Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers at **www.medipos.co.za**.
- Fill in section 1 and 2 of the application form and sign both sections. The patient or main member on behalf of a minor, must sign and date any changes.
- Take the form to your doctor to complete sections 3 to 6 if you need medicine.

Consent for processing my personal information

I give the Scheme and the 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 HIV benefit. I consent to the Scheme and the 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 HIV Benefit as well as undertake managed care interventions related to the chronic condition.

You can view and read our Privacy Statement on **www.medipos.co.za**.

Consent withdrawal for your Disease Management Benefits

Withdrawing consent for your general, personal, medical or clinical information to be accessed or shared with relevant third parties, means that you will no longer have access to funding from the applicable disease management benefits. Claims which would usually be funded from the disease management benefits will, once consent is withdrawn, be funded from other available benefits according to the rules of your benefit option. Should you wish to continue with the consent withdrawal process, email **hiv@medipos.co.za**.

A note to the treating healthcare provider

Please remember to send the patient's most recent and relevant blood results with this form. Send the completed and signed form to us by emailing **hiv@medipos.co.za** or post to PO Box 536, Rivonia, 2128.

1. Patient's details

Title				Initials				

Surname

First name(s) (as per identity document)

ID or passport number | Membership number

Telephone (H) | Telephone (W)

Cellphone

Email

Relationship to main member

Please note that this form expires on 31/03/2027. Up to date forms are available on www.medipos.co.za.

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2. Main member's details

Membership number [ ][ ][ ][ ][ ][ ][ ][ ][ ]

ID or passport number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Member's surname [   ]

Member's name [   ]

3. Clinical data and examination (to be completed by the doctor)

More pathology investigations will be useful for a full clinical picture. Please provide copies of the following latest reports:

- CD4 count
- Viral load
- Full blood count
- Liver function test
- Urea and creatinine

Is the patient pregnant? Yes [ ] No [ ]   If yes, expected date of delivery [D][D][M][M][Y][Y][Y][Y]

Height [ ][ ][ ] cm   Weight [ ][ ][ ] kg

4. Other clinical data required (to be completed by the doctor)

Date of diagnosis [D][D][M][M][Y][Y][Y][Y]

4.1 Clinical staging (Centre for Disease Control or World Health Organization)

[   ]

4.2. Clinical information to substantiate staging in point 4.1

[   ]

4.3 Medicine history

Medicine	Duration of treatment	Please insert reason or code (detailed below) for discontinuation of previous antiretroviral therapy

Reason or code for discontinuation: A) Side effects [ ]   B) Cost [ ]   C) Resistance [ ]   D) Other [ ]

If other, please provide a brief explanation

[   ]

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4.4. Is the patient being treated for one or more of the below conditions (please check the appropriate block):

Condition	
Diabetes	☐
Epilepsy	☐
Hypercholesterolemia	☐
Depression/psychiatric treatment	☐
Tuberculosis (TB)	☐
Cancer	☐
Chronic renal failure	☐
Hypertension/cardiac failure	☐
Other	☐

4.5. If "other", please provide a brief explanation

_____

4.6. List the medicine the patient is currently taking for the above condition/s (if applicable)

_____

5. Medicine required for HIV and AIDS (to be completed by the doctor)

Diagnosis	Date when condition was first diagnosed	Medicine name, strength and dosage	Number of repeats	How long has the patient used this medicine?		May the patient use a generic medicine?		Reason if no
				Years	Months	Yes	No	
HIV								
Opportunistic infections								

6. Doctor's details (to be completed by the doctor)

Surname _____

First name(s) _____

BHF practice number ☐☐☐☐☐☐☐☐   Billing practice number ☐☐☐☐☐☐☐☐

Practice number ☐☐☐☐☐☐☐☐   Telephone ☐☐☐ ☐☐☐☐☐☐☐

Email _____

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

I acknowledge that the approval of this treatment is subject to the HIV status of the patient and that I have received the patient's consent to disclose their HIV status and any other related information to MEDiPOS Medical Scheme and Discovery Health (Pty) Ltd.

Signature of doctor _____   Date ☐D ☐D ☐M ☐M ☐Y ☐Y ☐Y ☐Y

⚠ **Please only sign if information is true, complete and correct.**

MEDiPOS Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows:
Email: complaints@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za | Physical address: Block A Eco Glades 2 Office Park, 420 Witch – Hazel Avenue, Eco Park Estate, Centurion, 0157

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