Thebemed Scheme Reg No. 410



Isle of Houghton, Old Trafford 4 Building, Ground Floor, Cnr Boundary Rd & Carse O'Gowrie Rd, Houghton, Johannesburg 0861 84 32 36 wellbeing@thebemed.co.za

Dear Thebemed Member

Congratulations on your pregnancy!

Thebemed acknowledges that this is an important milestone and as such, we would like to support you every step of the way.

Thebemed medical Scheme offers you peace of mind and ensures that you get the care that you deserve through the Thebemed Bambino programme.

Some of the benefits of joining Thebemed Bambino programme are:

- The case managers will assist with the registration on the maternity programme and can be contacted for the advice and information. The aim is to provide ongoing advice and information in early parenthood.

- A Bambinno bag will be issued by the scheme at 7 months.

- Prenatal vitamins paid by the scheme up to R80 per script.

In addition to normal consultation limit, the scheme offers the following benefits subject to registration on the Maternity programme.

	MATERNITY BENEFITS	
UNIVERSAL	FANTASY	ENERGY
 2x 2D Sonar's per pregnancy 2x Additional visits at a gynecologist per pregnancy 		 3x 2D Sonar's per pregnancy 2x Additional visits at a gynecologist per pregnancy

To enrol on the Bambino programme, please complete the attached application form and send it to:

Fax: 0866 34 90 43

Email: wellbeing@thebemed.co.za

Please remember to register your baby to your medical aid within 30 days of birth.All documentation should be e-mailed to **membership@thebemed.co.za**. Should you have any queries, feel free to contact us on **0861 84 32 36**.

Scheme Board of Trustees: S Mamafha (Principal Officer), V Mazibuko (Chairman), T Mashazi, M Nkambele, Dr W Mophosho, L Mashego, D Mosia P O Box 4709 • Doornfontein • 2028 • South Africa

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THEBEMED MATERNITY PROGRAMME-REGISTRATION FORM

A. IMPORTANT IMFORMATION

I.All information supplied on this form will be treated as confidential.

2. One application must be completed per beneficiary applying for enrollment per pregnancy.

3. Prenatal vitamins limited at R80 per script. Only 9 fills per pregnancy.

PLEASE PRINT IN CAPITAL LETTERS, USE A BLACK PEN.

B. GENERAL INFORMATION OF MAIN MEMBER

Member number							Optio		n	U	niver	sal	E	nerg	у	Fa	antas	y				
Title: Mr/Mrs/Miss			Initi	ials		Fir	First name															
Surname																						
Cell number							W	ork									Ho	me				
Email																						

C. DETAILS OF EXPECTANT MOTHER

** If not the same as above**																								
Title: Mr/Mrs/Miss					Init	tials			Fir	st na	me													
Surname																								
Dependent code			A	ge			ID	no.																
Cell number										W	ork								Ho	me				
Work number																								
Email																								
Alternative contact number																								
Address																								
														P	ostal	cod	e							
Alternative address for delivery of the Bambino																								
Bag																								
Preferred time/ day of contact	D	ay										Time												

D. DETAILS OF MEDICAL PRACTITIONERS

I. General Practitioner																								
Initials Surname PR. number																								
Tel number											F	PR. nu	mbei	r										
2. Gynecologist																								
Initials					S	Surna	me																	
Tel number											F	PR. nu	imbei	r										
PLEASE INDICATE ANY C	HRONIC	CON	IDITIO		PREC	SNAN		NDUC				ICA	LH	IST	OR	Y								

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F. MATERNITY DETAILS

I. PLEASE PROVIDE DE	TAILS OI	N CUR	RENT	PREG	NAN	ICY.																										
Late date of														Exp	ecte	ed	deliv	ery	dat	e							Τ	Τ				
menstrual period Weeks pregnant				revious	Drog			ludin		ront	Drog			- r	1			- /			/ man	y ch	Idro		0.14			+	+	_	_	_
Is this a multiple					pregi	lancie			g curi	ent	preg	T							\vdash	HOW		y ch			o yc	u na		+	+	+	+	
pregnancy	Yes		10	If Yes	Tv	vins		Т	riplet	S			Fert	ility t	reat	tm	ents			Yes		No										
Any problems																																
detected from previous antenatal scans																																
Do you smoke	Yes		lo	Dov	you d	rink a	lcoh	h	Ye		N	lo		f Yes,	hov	N r	nany	σla	550	Der	dav	-	1				Τ					
Current weight													<u> </u>	1 103,		T	1	Sia	1		<u>u</u>	-		+		-	+	+	-	-		
Weight before																1			\vdash			+		╡			+	+	-	-		
pregnancy																																
2. PLEASE PROVIDE INF Have you previously ex Yes No If Yes, plea Were any of your babie Yes No If Yes, plea Have you had amniocer Yes No If Yes, plea Were any of your babie How were your childre Weight of babies? Unde Did you experience any	perience se provid ss born w se provid ntesis tes se provid s born pr n deliver er 2500g?	d a mis e us with rith hea e us with ts (extri e reaso rematu ed?	th mo lth pr th mo ractio n for 1 irely? Norm	nge, stil re detai roblema re detai n of flu the test Yes nal vagin over	Ibirth ils: s, e.g ild fro : No [nal bir • 4300	pren pecial om yo] Die th []	natur ly if s our u d you] Ces] Yes	f a ba re, sp urger terus ı carr arean	inal o y was s duri ry two i birth	ing p	defe cessa	ects, ry: nancy	con y) ca	genit	al d	lefo	ects for y	or l	ate			n?										
Complication Indu	iced labou	ur 🗌 Va	acuum	extrac				baby	with S	Suctio	on de	vice)	F	orce	ps-a:	ssi	sted	bir	th													
Did you experience any What was the reason fo Were any of the follow	or the Ce	esarean	birth	? (If ap	plicat	ole):					re 🗌] Dia	abet	es 🗌	Pre	e-e	clam	psia	. (H	igh bl	lood v	vith ‡	rotei	in ir	n the	urir	ie)					
Placenta retention High blood pressure	Postnata	l depres	ssion [Seve	re ble	eding	g 🗌	Breas	t feed	ling			ים	Wour	nd in	nfe	ctior	I														
Did you bread feed bab If Yes, how many weeks	-																															
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Were you informed to Yes No If Yes, plea Expectant mother's signa	ase provid			hin 30 d	days o																											
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Did you, the member re			bag		Ye	s	No				ued		-	Na	me										Sign	atur	e					
Who is the member sup	port con	sultant							С	omp	any I	Name	e																			
A	s, CCE			of Trus P O Box e C	4709 •	T Mas Doori	hazi, M nfontei	I Nkan n • 202	nbele, I 28 • Sc	Dr W	Moph frica	iosho,	L Ma	shego,													T	H	EB)	ED

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MEDICAL AID SCHEME

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