



Return completed form to advice@smithbormann.co.za

Principal member:
Date of birth:
Contact number:

Medical Aid Needs analysis:

1) Are you aware of any in-hospital medical procedures or day procedures that may occur in 2024?

Dependent name:
Procedure:
Hospital:
Surgeon/ Specialist:

Dependent name:
Procedure:
Hospital:
Surgeon/ Specialist:

Dependent name:
Procedure:
Hospital:
Surgeon/ Specialist:

2) Are you aware of any large out-of-hospital expenses that may occur in 2024?

Examples: Specialised dentistry, hearing aids, expensive glasses, physiotherapy, prescribed medication and occupational therapy.

Dependent name:
Type of expense:
Estimated annual cost:
Additional information:

Dependent name:
Type of expense:
Estimated annual cost:
Additional information:



Out-of-hospital expenses continued....

Dependent name:
Type of expense:
Estimated annual cost:
Additional information:

Dependent name:
Type of expense:
Estimated annual cost:
Additional information:

Dependent name:
Type of expense:
Estimated annual cost:
Additional information:

Dependent name:
Type of expense:
Estimated annual cost:
Additional information:

3) Chronic medication:

(It is imperative that the actual diagnosis of the chronic condition is provided. I am unable to assist if a diagnosis is not provided).

Dependent name:
Diagnosis:
Medication:
Medication cost: Medication shortfall:

Dependent name:
Diagnosis:
Medication:
Medication cost: Medication shortfall:

Dependent name:
Diagnosis:
Medication:
Medication cost: Medication shortfall:



Chronic medication continued.....

Dependent name:

Diagnosis:

Medication:

Medication cost:

Medication shortfall:

Dependent name:

Diagnosis:

Medication:

Medication cost:

Medication shortfall:

Dependent name:

Diagnosis:

Medication:

Medication cost:

Medication shortfall:

- 4) Are there any other medical expenses that you or your dependents are expecting in 2024? Example: oncology treatments.**