



Contact details

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

Application for out-of-hospital management of a Prescribed Minimum Benefit condition

The latest version of the application form is available on www.retailmedicalscheme.co.za. Alternatively, members can phone 0860 101 252 and health professionals can phone 0860 44 55 66.

Who we are

Retail Medical Scheme (referred to as 'the Scheme'), registration number 1176 is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. You (the member) must complete section 1 of this form.
3. Your healthcare professional must complete sections 2 and 3 and include detailed documents to support this application for acute and/or ongoing treatment for a Prescribed Minimum Benefit.
4. Please fax this completed and signed form with any supporting documents to 011 539 2780 or email it to PMB_APP_FORMS@discovery.co.za.
5. You will receive a letter informing you of our decision and the process you should follow for claims submission.

1. Important patient information

Title	<input type="text"/>	Surname	<input type="text"/>
First name/s	<input type="text"/>		
Identity number	<input type="text"/>	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Membership number	<input type="text"/>		
Telephone (H)	<input type="text"/>	-	<input type="text"/>
Telephone (W)	<input type="text"/>	-	<input type="text"/>
Cellphone	<input type="text"/>	-	<input type="text"/>
Fax	<input type="text"/>	-	<input type="text"/>
Email	<input type="text"/>		

The outcome of this application can be communicated to me via Email Fax

Member's acceptance and permission

I give permission for my healthcare professional to provide Retail Medical Scheme with my diagnosis and other relevant clinical information required to review my application for Prescribed Minimum Benefits. I consent to Retail Medical Scheme and Discovery Health (Pty) Ltd disclosing from time to time, information supplied to Retail Medical Scheme and Discovery Health (Pty) Ltd (including general or medical information that is relevant to my application) to my healthcare provider, to administer my benefits. I agree that Retail Medical Scheme may disclose this information at its discretion but only as long as all the parties involved have agreed to always keep the information confidential.

I understand that:

1. Funding from the Prescribed Minimum Benefit is subject to benefit entry criteria as determined by Retail Medical Scheme.
2. Each case will be assessed on its own merit.
3. By registering for the Prescribed Minimum Benefits, I agree that my condition may be subject to periodic review and that this may include access to my medical records.
4. Treatment approved as a Prescribed Minimum Benefit will only be effective from when Retail Medical Scheme receives an application form that is completed in full.

5. The covered Prescribed Minimum Benefit conditions and clinical entry criteria may change from time to time and I may need to send an updated or new application form, if Retail Medical Scheme asks for this.

Main member's signature

Patient (unless a minor)

2. Application (healthcare professional to complete)

Date of diagnosis

D	D	M	M	Y	Y	Y	Y
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2.1. Application for out-of-hospital treatment*

Condition	ICD-10 Code	Consultation or procedure code**	Consultation or procedure description	Quantity required

*Please clearly specify what is required, for example consultations, pathology, radiology and/or procedure.

**The professional billing codes must be supplied for us to review the application.

Please attach any relevant supporting documentation, for example pathology tests. If the application is for psychotherapy treatment for members younger than 13 years of age, the scheme will require the latest DSM V form including the GAF (Global assessment of Functioning) score.

2.2. Application for medicine

Current medicine required (please provide supportive clinical results or information, where necessary)

Condition	ICD-10 code	Medicine name, strength and dosage	How long has the patient used this medicine?	
			Years	Months

2.3. Application for radiology

Condition	ICD-10 code	Procedure code	Procedure description	Quantity required

