



Contact details

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

Allied, Therapeutic and Psychology Extender Benefit application form for 2026

Retail Essential Plus Option Only

Who we are

Retail Medical Scheme (referred to as "the Scheme"), registration number 1176, is a not-for-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 with 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 5, and sign section 6.
4. All relevant sections must be physically signed by the applicant and cannot be signed digitally. The applicant must sign and date any changes.
5. Please email the completed form to clinicalhelp@retailmedicalscheme.co.za.

Please note: This form is not to be completed by an allied, therapeutic or psychology healthcare professional.

Only a medical doctor or a healthcare professional as noted under the benefit entry criteria for each listed condition may complete this application form.

1. Patient information (to be completed by the patient)

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		
Patient's signature	<input type="text"/>	Date	<input type="text"/>

(If patient is a minor, main member or legal guardian to sign)

2. Medical Doctor (as noted under the benefit entry criteria) details

Name and surname	<input type="text"/>		
BHF practice number	<input type="text"/>	Speciality	<input type="text"/>
Telephone (W)	<input type="text"/>		
Email	<input type="text"/>		

3. Patient's declaration

Please read and sign the below declaration:

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 the Allied, Therapeutic and Psychology Extender Benefit.

I understand that:

1. Funding from the Allied, Therapeutic and Psychology Extender Benefit is subject to meeting benefit entry requirements as determined by Retail Medical Scheme.

2. The Allied, Therapeutic and Psychology Extender Benefit only covers clinically indicated services from acousticians, biokineticists, chiropractors, occupational therapists, physiotherapists, psychologists, speech-language therapists, social workers (in mental health) and audiologists. We will not consider cover for both a chiropractor and physiotherapist for the same condition. We will not consider cover for both a psychologist and social worker for the same condition.
3. The outcome of the decision will be sent via email to the member's email address as listed on our records.
4. The Allied, Therapeutic and Psychology Extender Benefit provides cover as per my Benefit Option. This cover commences, at 100% of the Scheme Rate, once Day-to-day benefits under the Allied and Therapeutic Benefit are exhausted.
5. By registering for the Allied, Therapeutic and Psychology Extender Benefit, I agree that my condition may be subject to benefit parameters and guidelines as determined by the relevant professional body, disease management interventions and periodic review for clinical evidence and cost-effectiveness and that this may require access to my medical records. I understand that by not granting such access, this may lead to the withdrawal of this benefit.
6. Funding for allied healthcare services from the Allied, Therapeutic and Psychology Extender Benefit will only be effective from when Retail Medical Scheme receives an application form that is completed in full and has been approved based on clinical entry criteria.
7. The Allied, Therapeutic and Psychology Extender Benefit only covers the allied healthcare claims for the dependant registered for the benefit.
8. I may need to send an updated or new application form, if required by Retail Medical Scheme.
9. I consent to Retail Medical Scheme disclosing, from time to time, information supplied to the Scheme (including general or medical information that is relevant to my application) to my healthcare provider, to administer my Allied, Therapeutic and Psychology Extender Benefit. 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 acknowledge that I have read and understood the conditions under "Patient's declaration" (section 3).

4. Entry criteria for the Allied, Therapeutic and Psychology Extender Benefit

a) If you are on the **Retail Essential Plus Option** you have cover from the Allied, Therapeutic and Psychology Extender Benefit in the year in which you were diagnosed with one of the following conditions, as well as the year after the diagnosis*:

Condition	Benefit entry criteria requirements
Hemiplegia and paraplegia	<ul style="list-style-type: none"> • Application form to be completed by your doctor • You must have been a Retail Medical Scheme member at the time of your diagnosis
Speech or swallowing disorder resulting from a neurological event (including aphasia, dysarthria, apraxia and dysphagia)	<ul style="list-style-type: none"> • Application form to be completed by your doctor • You must have been a Retail Medical Scheme member at the time of your diagnosis
Neo nate born at <34 weeks gestation or <2 499g	<ul style="list-style-type: none"> • Application form to be completed by your doctor • Baby born at less than 34 weeks gestation OR baby born weighing less than 2 499 grams • Baby must be born onto the Retail Medical Scheme • Baby must be 24 months or younger at the time of applying
Neonates born with congenital disorders including cardiac, gastrointestinal, endocrine, neurological or other congenital abnormalities (including cleft palate)	<ul style="list-style-type: none"> • Application form to be completed by your doctor • Baby born with congenital abnormalities • Baby must be born onto the Retail Medical Scheme • Baby must be 24 months or younger at the time of applying
Neonates who develop serious complications of birth trauma	<ul style="list-style-type: none"> • Application form to be completed by your doctor • Birth trauma related injuries and complications • Baby must be born onto the Retail Medical Scheme • Baby must be 24 months or younger at the time of applying

*End of the calendar year (31 December)

b) If you are on the **Retail Essential Plus Option** you have cover from the Allied, Therapeutic and Psychology Extender Benefit in the year in which you underwent the following procedure, as well as the year following the procedure*:

Procedure	Benefit entry criteria requirements
Hearing aid prescription and fitment in children <12 years	Application form to be completed by an ear, nose and throat surgeon or audiologist. The child must be 12 years old or younger at the time the hearing aid was fitted Child must have been on the Retail Medical Scheme at the time when the procedure took place
Cochlear implant	Application form to be completed by your doctor Member must have been on the Retail Medical Scheme at the time when the procedure took place
Voice synthesizer insertion	Application form to be completed by your doctor Member must have been on the Retail Medical Scheme at the time when the procedure took place

*End of the calendar year (31 December)

c) If you are on the **Retail Essential Plus Option** you have unlimited cover for clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit for the following conditions:

Condition	Benefit entry criteria requirements
Registered for the condition through our Chronic Illness Benefit, or application form to be completed by a GP, physician, paediatrician, neurologist, rheumatologist, psychiatrist or pulmonologist.	
Quadriplegia (tetraplegia)	Any medical doctor
Motor neuron disease	Any medical doctor
Parkinson's disease (and other movement disorders of the basal ganglia)	Diagnosis: Physicians, neurologists and psychiatrists Ongoing management: Any medical doctor
Multiple sclerosis (and other demyelinating CNS disorders)	Neurologists
Bronchiectasis (any cause)	Diagnosis: Pulmonologists, physicians and paediatricians Ongoing management: Any medical doctor
Cystic fibrosis	Pulmonologists and paediatricians, specialist physicians
Muscular dystrophy (and hereditary muscular disorders)	Any medical doctor
Pulmonary interstitial fibrosis	Pulmonologists and paediatric pulmonologist
Connective tissue disorders:	
Rheumatoid arthritis	Diagnosis: Rheumatologists, physicians and paediatricians Ongoing management: Any medical doctor
Systemic lupus erythematosus	Only rheumatologist, specialist physician, nephrologists or paediatricians
Sjogren's syndrome	Specialist physician, rheumatologist, nephrologists
Systemic sclerosis	Only rheumatologist or specialist physician (diagnosing); may be managed by other practitioners
Overlap syndrome	Only rheumatologist or specialist physician (diagnosing); may be managed by other practitioners
Juvenile chronic arthritis	Only paediatrician or rheumatologist
Ankylosing spondylitis	Rheumatologists, or specialist physicians for diagnosis and on-going management
Psoriatic arthritis	Rheumatologist or specialist physicians

d) If you are on the **Retail Essential Plus Option** you have unlimited cover for clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit for the following conditions:

Condition	Benefit entry criteria requirements
Autism (spectrum disorders)	Application form to be completed by physician, neurologist, psychiatrist or paediatrician (in the case of a child)
Cerebral palsy	Application form to be completed by neurologist, physician or paediatrician (in the case of a child)
Hereditary ataxias	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Spinal-muscular atrophy	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Idiopathic pulmonary fibrosis Diffuse pulmonary fibrosis Fibrosing alveolitis (cryptogenic) Hamman-Rich syndrome	Application form to be completed by physician, pulmonologist or paediatrician (in the case of a child)
Down syndrome	Application form completed by your physician, neurologist, psychiatrist or paediatrician (in the case of a child) or copy of genetic test results confirming diagnosis.

e) If you are on the **Retail Essential Plus Option** you have unlimited cover for clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit until the end of the year in which the child dependant turns 18, for the following conditions:

Condition	Benefit entry criteria requirements
Prader-Willi syndrome	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Verbal apraxia	Application form to be completed by physician, neurologist, psychiatrist or paediatrician (in the case of a child)
Asperger's syndrome	Application form to be completed by physician, psychiatrist, neurologist or paediatrician (in the case of a child)
Fragile X syndrome	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Rett's syndrome	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Achondroplasia	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
West syndrome (infantile spasm)	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Inborn errors of metabolism	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)

