Retail Medical Scheme

Administered by Discovery Health

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

Pre-assessment request

Who we are

Retail Medical Scheme (referred to as 'the Scheme'), registration number 1176, this 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). We take care of the administration of your membership for the Scheme.

When you sign this form, you are requesting Retail Medical Scheme to provide you with a quotation for a procedure you or a dependant is scheduled to have. This will enable you to compare the costs that your service providers have given you, with what your benefit option will pay.

Please note: You need to obtain an authorisation number from the preauthorisations department first before we can assist you with a pre-assessment request. To authorise the procedure, please call **0860 101 252**. You will need the following information when you contact our preauthorisations department:

- Date of admission
- Treatment, procedure and ICD-10 codes
- Practice numbers for the hospital and the treating doctor

Your doctor can provide you with this information.

When you sign this pre-assessment request you confirm that the information provided is true and correct.

If you have any questions, please let us know. Once we have assessed your request, we will give you a quote letter.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete the form digitally.
2. To avoid unnecessary delays, please
   - complete all sections. We cannot provide you with a pre-assessment if section 5 is not completed.
   - include all information, including the authorisation number.
3. Email the completed and signed form to **PREASSESSMENT_REQUESTS@retailmedicalscheme.co.za**

1. Important details about pre-assessments

A pre-assessment helps you to understand your cover and any shortfalls you may have to pay

- With a completed pre-assessment, you are able to compare the costs that your service provider will charge with the costs that your benefit option will cover. It helps you to understand any financial implications beforehand.
- A pre-assessment is a quote and does not guarantee payment.

A pre-assessment is done on request and you need to ask for it before having the procedure

- We will only do a pre-assessment before the procedure is done and we have issued an authorisation.
- We need at least seven working days to complete the assessment.

A pre-assessment does not replace the authorisation you need from the Scheme

- This is only a guideline for costs and what the Scheme will pay according to your benefit option and Scheme Rules – you still need to obtain the relevant authorisation before the procedure is done.
- Please note that we will only pay for the codes received according to this quote. If your doctor changes or adds codes to this quote, we cannot accept any responsibility for the difference in cover.

We will send a completed assessment letter to you

- Because the information in a pre-assessment form is confidential, we will send the completed assessment letter to you only.
- We will send the completed assessment letter to the email address given in this form.

Contact us if you have any questions about this pre-assessment form
If you need to check or query anything about this application, please call us on **0860 101 252**.

2. Main member's details

Membership number

ID or passport number

Member's surname

Member's name

3. 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

4. Doctor's details

Name

Billing practice number

Treating practice number

Contact number

Date of treatment D D M M Y Y Y Y

Email

Have you been referred for this treatment/procedure by another doctor? Yes No

If yes, please provide the referring doctor's practice number

5. Details about the procedure

When will procedure be done? D D M M Y Y Y Y

Where will the procedure be done? In hospital or day clinic Other facility instead of in hospital

Please give the authorisation number for this procedure

Procedure information
Please provide a separate rand value for each procedure code. We will not be able to assess estimated or combined amounts.

Codes from your healthcare professional
We need the treatment and procedure codes to make sure we all refer to the same procedures and products. Please provide the ICD-10 code and all the procedure and product codes.
(An ICD-10 code describes your diagnosis and contains numbers and letters, for example Tonsillitis could be coded as J35.0. An ICD-10 code may be 3, 4 or 5 characters in length. Procedure codes are 4-5 digits long and product codes are 6-9 digits long).

ICD-10 code:

Practice number	Procedure code	Rand value		Practice number	Procedure code	Rand value

Please note:

If your healthcare professional gave you more codes than there are lines available on this form, you can attach extra pages. If you do add a page, it is very important that you include the practice number, codes and rand values for every code.

You can also attach the quotations you received from your healthcare professionals to this form, but please make sure that the practice numbers, procedure codes and rand values are included for every code on the quotation.

Signed at (town or city) _____ on D D M M Y Y Y Y

Signature of main member _____

Please do not sign an incomplete application form