

# Oncology PMB application form

## Request for additional cover from the Prescribed Minimum Benefits



### Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton 2146, www.discovery.co.za

Patient's name and surname

Membership number

### How to complete this application form

#### What you must do

Please go through these two steps:

**Step 1:** Fill in the form

**Step 2:** Sign the application form.

1. To avoid administrative delays, please ensure this application is completed in full.
2. Please complete this form if you wish to apply for additional cover for the diagnosis of, medicine for, or out-of-hospital management of a Prescribed Minimum Benefit (PMB) condition.
3. You (the member) must complete Section 1 of this form.
4. Your doctor must complete Section 2 and Section 3, and include detailed documents supporting your application.
5. Please fax this completed and signed form with any supporting documents to **011 539 5417** or post it to **Discovery Health, Oncology, PO Box 784262, Sandton 2146**. You can also contact our **oncology call centre on 0860 99 88 77** if you have any questions.
6. You will receive a letter informing you of our decision and the process to follow for approved requests.
7. You may call us if you would like to lodge a formal dispute to a declined appeals decision.

### 1. About yourself (main applicant)

Title  Initials  Surname

ID number

Membership number  Date of birth

Postal address

Code

Telephone (H)  (W)

Cellphone  Fax

Email address

Name of patient or dependant

May we communicate your information to you by email  or fax

Has your treatment been approved on the Oncology Benefit? Yes  No

If **yes**, your doctor must list the condition for which your treatment has been approved on the next page.

## 2. Information about treatment request (doctor to complete)

### 2.1 Application for medical management

In-hospital

Out-of-hospital

Condition	Consultation or procedure code	Description	Number of consultations or procedures each year

### 2.2 Application for medicine

Condition	Medicine name, strength and dosage	NAPPI code	Frequency

### 2.3 Application for radiology

Condition	Code	Description	Quantity

### 2.4 Application for pathology

Condition	Code	Description	Quantity

## 3. Doctor's details (doctor to complete)

Name

Practice number  Speciality

Fax

Doctor's signature

Date