

Prescribed Minimum Benefits out-patient application form

Patient's name and surname

Membership number

How to complete this application form

1. Please use one letter per block, complete with black ink and print clearly.
2. To avoid administrative delays, please make sure this application is completed in full.
3. Please complete this form for cover of out-of-hospital management of a Prescribed Minimum Benefit (PMB) condition.
4. You need to complete section 1 of this form.
5. Your doctor must complete section 2, 3 and section 4 and include detailed documentation to support your application.
6. Please fax this completed and signed form with any documentation to support this application to **011 539 2780** or email **PMB_APP_FORMS@discovery.co.za**
7. You will receive a letter informing you of our decision and the process you should follow.

1. About the main member (member to complete)

Title Initials Surname

ID number or passport number Date of birth

Membership number

Postal address

Telephone (H) (W)

Cellphone Fax

Email

Code

May we communicate your confidential information to you by email? Yes No or fax? Yes No

2. About the patient (doctor to complete)

Title Initials Surname

ID number or passport number Date of birth

Telephone (H) (W)

Cellphone Fax

Email

May we communicate your confidential information to you by email address Yes No or fax? Yes No

3. Application (doctor to complete)

3.1 Application for out-of-hospital medical management*

Condition	ICD-10 code	RPL consultation or procedure code**	RPL description	Quantity per year

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

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

3.2 Application for medicine

Current medicine required (please provide details and relevant laboratory tests to demonstrate success of therapy, for example blood pressure reading, HBA1C)

Condition	ICD-10 code	Medicine name, strength and dosage	NAPPI code	Quantity each month	Number of months

3.3 Application for radiology

Condition	ICD-10 code	RPL code	RPL Description	Quantity per year

3.4 Application for pathology

Condition	ICD-10 code	RPL code	RPL Description	Quantity per year

3.5 Previous history and current medical status

Please attach any relevant supporting documentation, for example pathology tests.

4. Doctor's details (doctor to complete)

Name

Practice number

Fax

Doctor's signature

Date

5. Disclaimer

1. Should it become apparent that the treatment is no longer medically necessary, the Scheme may revoke cover for treatment that has been approved in terms of this application.
2. The Scheme will only approve treatment that meets the requirements of the Scheme's clinical guidelines and protocols. These guidelines are based on generally accepted clinical guidelines and treatment protocols.
3. Each case will be assessed on its own merit.