

Pre-assessment request

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

If you have any questions, please let us or your financial adviser know. Once we have assessed your request, we will give you a pre-assessment letter.

How to complete this application form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administrative delays, please ensure this application is completed in full.
- Fax the completed and signed form to **011 539 1044** or email it to **PREASSESSMENT_REQUESTS@discovery.co.za**

1. Important details about pre-assessments

A pre-assessment is done to enable you to compare the costs your service provider charged with the costs your chosen health plan will cover. This does not replace the confirmation of benefits you need from the Scheme.

Please make sure you read and understand the following information about this pre-assessment form. Please remember, this is a quote and does not guarantee payment.

Send the completed form or contact us with queries

Please send us the completed and signed form by fax to **011 539 1044**. Please include all information for us to quote you.

If you need to check or query anything about the application, please call us on **0860 99 88 77**.

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

We need to do the pre-assessment before your procedure. If the procedure is in the next seven days, please call us on **0860 99 88 77** to tell us and we will do our best to ensure we complete the assessment before then.

We will send a completed pre-assessment letter to you

Because the information in a pre-assessment is confidential we will send the completed assessment letter to you only.

We will send the letter to the preferred communication given in the application. If you do not give us an email address or fax number or if the details do not belong to you, we will post it to the address we have for you.

2. Main member details

Title	<input type="text"/>	Initials	<input type="text"/>	First name(s) (as per identity document)	<input type="text"/>	
Surname	<input type="text"/>			Membership number	<input type="text"/>	
Postal address	<input type="text"/>				Code	<input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	(W)	<input type="text"/>	<input type="text"/>	
Cellphone	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	
Email address	<input type="text"/>					

