

Application for out-of-hospital management of a Prescribed Minimum Benefit condition



Contact us

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

The latest version of the application form is available on www.discovery.co.za. Alternatively members can phone 0860 99 88 77 and health professionals can phone 0860 44 55 66.

How to complete this application form

- Please complete this form for cover of out-of-hospital management of a Prescribed Minimum Benefit (PMB) condition.
- You need to complete section 1 of this form.
- Your doctor must complete section 2.1, 2.2, 2.3, 2.4 for acute and/or ongoing treatment for a Prescribed Minimum Benefit. Please include detailed documentation to support your application.
- 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
- You will receive a letter informing you of our decision and the process you should follow.
- You may call us if you would like to lodge a formal dispute to a declined appeals decision.

1. Important patient information (to be completed by the member)

Title Surname

First name(s)

Sex M F Identity number Membership number

Telephone (H) (W)

Cellphone Fax

Email address

Relationship to main member

The outcome of this application can be communicated to me by email Yes No or fax number Yes No

I give permission for my doctor to provide Discovery Health with my diagnosis and other relevant clinical information required to review my application for Prescribed Minimum Benefits. I understand that:

- Funding from the Prescribed Minimum Benefit is subject to clinical entry criteria as determined by Discovery Health.
- Each case will be assessed on its own merit.
- By registering for the Prescribed Minimum Benefits, I agree that my condition may be subject to periodic review and that this may include access to my medical records. I understand that not doing this may lead to the withdrawal of this benefit.
- Treatment approved as a Prescribed Minimum Benefit will only be effective from when Discovery Health receives an application form that is completed in full.
- The covered Prescribed Minimum Benefit conditions and clinical entry criteria may change from time to time and I may need to send an updated or new application form, if Discovery Health asks for this.

Main member's signature

Patient (unless a minor)

2. Application (doctor to complete)

2.1 Application for acute and/or ongoing out-of-hospital medical management*

Condition	ICD-10 code	Consultation or procedure code**	Motivation	Quantity

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

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

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

2. Application (doctor to complete) (continued)

2.2 Application for medicine

Current medicine required (please provide supportive clinical results or information)

Condition	ICD-10 code	Medicine name, strength and dosage	Number of months

2.3 Application for radiology

Condition	ICD-10 code	Description of investigation	Quantity per year

2.4 Application for pathology

Condition	ICD-10 code	Description of investigation	Quantity per year

3. Doctor's details (doctor to complete)

Name

Practice number

Fax

Doctor's signature

Date

4. Disclaimer

The doctor's fee for completion of this form will be reimbursed on code 0199, on submission of a separate claim. Payment of the claim is from the Medical Savings Account (if applicable to the member's plan type), subject to Scheme rules and availability of funds.

In line with legislative requirements, please ensure that when using code 0199, you submit the ICD-10 diagnosis code(s). As per industry standards, the appropriate ICD-10 code(s) to use for this purpose would be those reflective of the actual Prescribed Minimum Benefit condition(s) for which the form was completed. If multiple Prescribed Minimum Benefit conditions were applied for, then it would be appropriate to list all the relevant ICD-10 codes.