

Bariatric surgery application form

This application form is to apply for funding for bariatric surgery. It must be completed by a accredited surgeon from an accredited centre of excellence who will be performing the surgery. The member must complete sections 3, 4 and 6 of this form. The turnaround time on receipt of a completed form is seven working days. We may require an additional three days should we need to forward the request to an external advisory panel before reaching a funding decision.

How to complete this form

1. Please use one letter per block, complete with black ink and print clearly
2. To avoid administration delays, please ensure this application is completed in full
3. Send the completed and signed form with the required clinical information and patient consent to us via e-mail at motivations@bankmed.co.za

1. Referring healthcare professional details (must be a surgeon, physician or endocrinologist)

Specialist name

Speciality

Specialist BHF number Specialist HPCSA registration number

Telephone Fax

E-mail address

Doctor's signature Date

Name of facility where the procedure will be done

BHF number of the facility where the procedure will be done

2. Details of the surgeon performing the procedure (if it differs from section 1)

Surgeon name

Specialist BHF number Specialist HPCSA registration number

Telephone Fax

E-mail address

Doctor's signature Date

3. Main member information

Title Initials Surname

First name/s (as per identity document)

Date of birth ID or passport number

Bankmed membership number

Bankmed plan type

Postal address

Code

Telephone (H) (W)

Cellphone Fax

