

Contact us

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Application form for negative pressure wound therapy

This application form is for when a member needs negative pressure wound therapy.

We will only consider funding requests from the member's treating doctor, who must complete the application form. Applications from a nurse or the manufacturer will not be accepted.

How to complete this form

- 1. Complete with black ink and print clearly
- 2. To avoid administrative delays, please provide all the requested information, include colour photographs as requested to support this application, and sign the form
- 3. Please send the form and photographs to us via e-mail at clinical@bankmed.co.za

1. Patient's details
Surname Surname
First name(s)
Age Membership number
2. Proposed treatment facility details
Home treatment
In-hospital facility's practice number
Out-patient facility's practice number
3. Current medical status
Medical condition:
ICD-10 code: Co-morbidities:
Diabetes mellitus Peripheral vascular disease
Other
Medicine
4. Current wound assessment
ICD-10 code: Date wound first occurred Y Y Y M M D D
Diabetic ulcer Delayed healing or non-healing of surgical wound Acute or traumatic wound Chronic wound Pressure ulcer
Enterocutaneous fistula Partial thickness wound Post orthopaedic surgical wound Sub-acute wound Venous ulcer
Other
Site of wound:
Size of wound:
Length:
Width:
Depth:
Volume:
Tissue viability:
Inflammation/infection:
Moisture balance:
Edge (surrounding skin) :

5. History of previous advanced or conservative wound treatment										
6. Treatment	goal									
Expedite granulation	on:									
7. Treatment	plan									
Requesting practiti	oner's name									
Practice number										
Treating practition	er's name									
Practice number										
Treatment start dat	te Y Y	Y M M D D								
Number of treatme	ents									
Treatment period					Iu Iu	I. I. I. I. I. I.				
Treatment date 1	Y Y Y M		reatment date 2	Y	Y Y	Y M M D D				
Treatment date 3				atment date 4						
Treatment date 5	Y Y Y Y M	M D D	reatment date 6	Y	Y Y	Y M M D D				
Treatment date 7			reatment date 8							
8. Treatment	plan details									
NAPPI code	Product code	Product description		Price		Number of appli	cations	Total price		
9. Professiona	l fees: quotatio	n								
Tariff code	Service		Fee, incl VAT		Numb	er of procedures	Total f	·ee		
Talli souc	CONTROL		T cc, mer v/vi			er or procedures	- Ottain			
	Consultation									
	Wound care									
	Consumables									

10. Additional products used									
NAPPI codes	Product code	Product description	Price	Number of applications	Total price				
11. Photogra	ph								
Checklist:									
• Colour									
Include a rule	r in photo to illustra	te size							
	ne photo(s) chronolo								

Healthcare professional's signature