

Contact us

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Application for out-of-hospital management of a Prescribed Minimum Benefit condition 2019

This is applicable to the Essential and Basic Plans

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. You (the member) must complete sections 1 of this form.
- 3. Your Healthcare professional must complete section 2 and 3 and included detailed documents to support this application for acute and/or ongoing treatment for a Prescribed Minimum Benefit.
- 4. Please email completed and signed form with any supporting documents to PMB_APP_FORMS@bankmed.co.za or fax it to 011 539 1136
- 5. You will receive a letter informing you of our decision and the process you should follow for claims submission.

1. Important patient information (member to complete)

Title Surname						
First name/s						
Sex 🛛 📕 Identity number	Membership number					
Telephone (H)		(W)				
Cellphone	F	Fax				
E-mail address						
Relationship to Principal Member						

The outcome of this application can be communicated to me by E-mail [Fax [

I give permission for my Healthcare Professional to provide Bankmed Medical Scheme with my diagnosis and other relevant clinical information required to review my application for Prescribed Minimum Benefits. I understand that:

- 1. Funding from the Prescribed Minimum Benefit is subject to clinical entry criteria as determined by Bankmed Medical Scheme.
- 2. Each case will be assessed on its own merit.
- 3. 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.
- 4. Treatment approved as a Prescribed Minimum Benefit will only be effective from when Bankmed Medical Scheme receives an application form that is completed in full.
- 5. The covered Prescribed Minimum Benefit conditions and clinical entry criteria may change from time to time and I may be required to submit an updated or new application form, should Bankmed Medical Scheme request this.

Consent for processing my personal information

I give Bankmed and the administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for Prescribed Minimum Benefits. I consent to Bankmed and the administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my Healthcare Professional, to administer the Prescribed Minimum Benefits.

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atient (unless a minor)	

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2. Application (Healthcare Professional to complete)

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

Condition	Date of diagnosis	Treatment start date	Treatment end date	ICD-10 code	Consultation or procedure code**	Motivation	Quantity

* 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.

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

When applying for mental health conditions for all children below the age of 13, please submit a DSM IV or V form including the GAF (global assessment of functioning) score.

2.2 Application for medication

Current medication required (kindly provide supportive clinical results or information)

Condition	ICD-10 code	Medication 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. Healthcare Professional details (Healthcare Professional to complete)

Name								
Practice number								
Fax								
Outcome of this application must be sent to me via E-mail 🗌 Fax 🗌								
E-mail address								
Healthcare Professional's signature	Date							

4. Disclaimer

The Healthcare Professionals fee for completion of this form will be reimbursed on code 0199, on submission of a separate claim. Payment of the claim is from day-to-day benefits (if applicable to the member's Plan type), subject to Bankmed Medical Scheme Rules and availability of funds.

In line with legislative requirements, kindly 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.