

Contact us

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Prescribed Minimum Benefits appeals form 2019

This is applicable to the Essential and Basic Plans

The latest version of this application form is available on www.bankmed.co.za. Alternatively, members and Health Professionals may call 0800 BANKMED (0800 226 5633).

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.

About this form

This form should be completed when a member requires out-of-hospital treatment that falls outside of the basic level of care provided for in the Prescribed Minimum Benefits.

Kindly only complete this form if we have already reviewed a request for funding for your condition as a Prescribed Minimum Benefit.

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 and 2 of this form.
- 3. Your Healthcare professional must complete section 3 and 4 and included detailed documents to support this application for acute and/or ongoing treatment for a Prescribed Minimum Benefit.
- 4. Please fax this completed and signed form with any supporting documents to 011 539 1136 or email it to PMB_APP_FORMS@Bankmed.co.za
- 5. You will receive a letter informing you of our decision and the process you should follow for claims submission.
- 6. You may call us if you would like to lodge a formal dispute to a declined appeals decision.

1. Patient details (member to complete)

Name and surname																
Date of birth	Y Y Y Y	M	D D					I	dentity nur	nber						
Membership number																
Telephone (H)											(W)					
Cellphone											Fax					
E-mail address																
Relationship to main n	nember															
The outcome of this ap	pplication car	be com	municat	ed to	me via	a E	E-mail	Fax								

2. Notes to member

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 benefit entry requirements 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 disease management interventions and periodic review and 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 benefit entry requirements 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.
- 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 the Medical Savings Account (if applicable to the member's Plan type), subject to Bankmed Medical Scheme rules and availability of funds.

Patient's signature

Date 2 0 Y Y M M D D

(if patient is a minor, main member to sign)

I acknowledge that I have read and understood the conditions under "Notes to member" (section 2).

3. Application (Healthcare Professional to complete)

3.1 Application for out-of-hospital medical management*

ICD-10 code	Consultation or procedure code**	Motivation	Quantity
	ICD-10 code	ICD-10 code Consultation or procedure code**	ICD-10 code Consultation or procedure code** Motivation Image: Straight of the straight

*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 documents, 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.

3.2 Application for medication

Current medication required (provide supportive clinical results or information)

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

3.3 Application for radiology

Condition	ICD-10 code	Description of investigation	Quantity per year

3.4 Application for pathology

Condition	ICD-10 code	Description of investigation	Quantity per year

4. Healthcare Professional's details (Healthcare Professional to complete)

Name and surname	
Practice number	
Speciality	
Telephone	Fax
E-mail address	
Outcome of this application must be sent to me via E-mail 🗌 Fax 🗌	
Doctor's signature	Date 2 0 Y M M D D

5. 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 the day-to-day benefits (if applicable to the member's Plan), 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.

Bankmed Medical Scheme is a registered medical scheme with the Council for Medical Schemes (CMS). The CMS contact details are as follows: e-mail complaints@medicalschemes.com / Customer Care Centre: 0861 123 267 / website www.medicalschemes.com