

Contact us

Tel: 0800 226 5633 (0800 BANKMED) • Private Bag X2, Rivonia, 2128 • www.bankmed.co.za

Bankmed GP to Specialist Referral Form 2019

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.

Only complete this form for planned or elective referrals to a specialist. There is no need to complete this form for referral to an ophthalmologist, a specialist for maternity care, a psychiatrist or to a dental specialist and maxillo-facial and oral surgeon.

Refer to the second page for information about specialist referrals in an emergency/urgent referral or when it is an elective or planned referral.

How to complete this form

 Attach all relevant test results to avoid any administrative delays Please e-mail the completed form to specialistauth@bankmed.co.za or fax to 021 527 1912
Is this referral at a patient or parent/guardian's request? Yes No If "Yes", please obtain the patient or parent/guardian's signature
Is this referral a GP requesting clinical advice from a specialist to manage the patient's condition and treatment? Yes No
1. Patient's details
Initial Name Name
Surname Surname
Identity number Date of birth Y Y M M D D
Membership number Cellphone Cellphone
E-mail
How does the member want to receive the feedback from the Clinical Advisory Panel? E-mail Fax SMS
Complete contact details for the field you selected above
2. Referring GP details
Practice number Treating doctor Treating doctor
Telephone (w) (when a specialist needs to contact you)
Cellphone (when a specialist needs to contact you)
How do you want to receive the feedback from the Clinical Advisory Panel? E-mail Fax SMS
Complete contact details for the field you selected above
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Complete contact details for the field you selected above
Complete contact details for the field you selected above 3. Specialist referral and advice
Complete contact details for the field you selected above 3. Specialist referral and advice Date of GP consultation Y Y Y M M D D Specialist discipline
Complete contact details for the field you selected above 3. Specialist referral and advice Date of GP consultation Y Y Y M M D D Specialist discipline Specialist practice number* Initial date of diagnosis
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Referring doctor's signature

Detailed clinical history

Previous treatment and investigation**

management

- * For a list of specialists on the Bankmed Specialist Network list, go to www.bankmed.co.za
- ** NB PLEASE ATTACH THE RELEVANT TEST RESULTS.

Bankmed GP to Specialist Referral Process: How Does it Work? Emergency specialist referral (24 hours from GP visit) For urgent referrals (member needs to see the specialist for a medical condition within 48 hours from seeing the GP) Planned/elective Bankmed will review the specialist referral request and approve, decline or (member needs to see the specialist for a medical condition A notification will be sent to the but not within member or GP within two

All requests for specialist referral will be reviewed by a Clinical Advisory. Confirmation of the Clinical Advisory Panel's decision will be provided within two working days.

48 hours from

seeing the GP)

working days of request receipt