

Oncology PMB application form

Request for additional cover from the Prescribed Minimum Benefits

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.

Patient's name and surname

Membership number

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Kindly complete this form if you wish to apply for additional cover for the diagnosis of, medicine for, or out-of-hospital management of a Prescribed Minimum Benefit (PMB) condition.
3. You (the member) must complete Section 1 of this form.
4. Your doctor must complete Section 2 and Section 3, and include detailed documents supporting your application.
5. Kindly send the completed and signed form, with any supporting documentation, to oncology@bankmed.co.za or fax to 011 539 5417.
6. Alternatively, post it to **Bankmed Medical Scheme, Oncology, PO Box 1242, Cape Town, 8000.**
7. You will receive a letter informing you of our decision and the process to follow for approved requests. You may also contact 0800 BANKMED (0800 266 5633) should you have any questions.

Please sign the form and ensure that all the relevant information required, as set out in the form is completed, including contact details for the provider and date of request.

1. About yourself (main applicant)

Title Initials Surname

ID number

Membership number Date of birth

Postal address

 Code

Telephone (H) (W)

Cellphone Fax

E-mail address

Name of patient or dependant

May we communicate your information to you via: E-mail or Fax

Has your treatment been approved on the Oncology Benefit? Yes No

Should you have selected "Yes", your doctor is required to list the condition for which your treatment has been approved on the next page.

Patient's signature
(if patient is a minor, main member to sign)

Date

