Bankmed
Yours in good health

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

Pre-assessment request

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.

Should you sign this pre-assessment request, you confirm that the information provided is true and correct.

Should you have any questions, kindly let us know. Once we have assessed your request, we will provide you with a pre-assessment letter.

How to complete this application form

1. Kindly use one letter per block, complete with black ink and print clearly.
2. To avoid administration delays, kindly ensure this application is completed in full.
3. Please e-mail the completed form to **preassessments@bankmed.co.za** or fax it to **021 527 1926.**

1. Important details about pre-assessments

A pre-assessment is conducted to enable you to compare the costs your service provider will charge, against the costs your chosen Plan will cover. This does not replace the confirmation of benefits you still require from the Scheme.

Kindly ensure you read and understand the following information regarding this pre-assessment form. Remember, this is a quote and does not guarantee payment.

A pre-assessment is undertaken on request and you are required to request it prior to the procedure.

We require pre-assessment at least 3 days prior to your procedure. Should the procedure be within the next seven days, contact us on **0800 BANKMED (0800 226 5633**) to inform us and we will do our best to ensure we complete the assessment prior to the procedure.

We will provide a completed pre-assessment letter to you.

Because the information in a pre-assessment is confidential, we will provide the completed assessment letter to you only.
We will forward the letter to the preferred communication contact provided in the application. Should you not provide us with an e-mail address or fax number or should the details not belong to you, we will post it to the address we have on record for you.

2. Principal Member details

Title | Initials | First name/s (as per identity document)

Surname | Membership number

Postal address

Code

Telephone (H) | (W)

Cellphone | Fax

E-mail address

3. Patient details

Title | Initials | First name/s (as per identity document)

Surname

How would you prefer this letter? E-mail ☐ Fax ☐ Post ☐

Will the procedure be conducted in- or out-of-hospital? In ☐ Out ☐

Was a benefit reference number requested for the procedure from the Scheme? Yes ☐ No ☐

BANPR001

Should the above response be yes, kindly provide the benefit reference number

4. Healthcare Professional's details

Name

Billing practice number

Treating practice number

Contact number

Date of treatment D D M M Y Y Y Y

5. Medical details

Kindly note: you are required to provide a separate rand value for each procedure code as we cannot work with estimated or combined costs.

Healthcare Professional

Practice number	Procedure code	Rand value

Anesthetics

Practice number	Procedure code	Time	Rand Value

Signed at (town or city) on D D M M Y Y Y Y

Signature of Principal Member