

Bankmed pathology request

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.

Practice name	<input type="text"/>										
Practice location	<input type="text"/>					Practice Number	<input type="text"/>				
Requesting doctor	<input type="text"/>					Copy doctor	<input type="text"/>				
Requesting doctor's practice no	<input type="text"/>										
Testing laboratory	<input type="text"/>										

1. Patient details

ID Number	<input type="text"/>															
Surname	<input type="text"/>															
Initials and first name	<input type="text"/>															
Date of birth	D	D	M	M	Y	Y	Y	Y	Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Age	<input type="text"/>	<input type="text"/>
Telephone (H)	<input type="text"/>					<input type="text"/>					(W)	<input type="text"/>				
Cellphone	<input type="text"/>					<input type="text"/>										
E-mail	<input type="text"/>															

I consent to any information reflected on this form, including ICD 10 codes and any information that may emanate from the usage of this form pertaining to me or my dependants, being disclosed to Discovery Health and Bankmed Medical Scheme. I accept that Discovery Health and Bankmed Medical Scheme will be entitled to utilise the aforementioned data for managed care, risk management and research purposes.

Patient/guardian signature	<input type="text"/>															
Specimen	Fasting	<input type="checkbox"/>	Random	<input type="checkbox"/>												
Collected date	D	D	M	M	Y	Y	Y	Y	Coll time	<input type="text"/>	:	<input type="text"/>	<input type="text"/>			
Collected by	<input type="text"/>															
Special request	Routine	<input type="checkbox"/>	Urgent	<input type="checkbox"/>	Stat	<input type="checkbox"/>										
Tel/Fax	<input type="text"/>					<input type="text"/>										

2. Person responsible for payment of account

Surname and initials	<input type="text"/>										
Title	<input type="text"/>				First name	<input type="text"/>					
Guarantor	<input type="text"/>										
ID Number	<input type="text"/>										

Description (please tick the relevant box)		Cost	Code
<input type="checkbox"/>	ALT	R75.50	4131
<input type="checkbox"/>	Albumin	R67.10	3999
<input type="checkbox"/>	Protein total	R43.50	4117
<input type="checkbox"/>	Gamma glutamyl transferase (GTT)	R75.50	4134
Malaria blood smear			
<input type="checkbox"/>	Malaria: antigen	R125.80	3792
<input type="checkbox"/>	Parasites in blood smear	R78.30	3865
<input type="checkbox"/>	Concentration techniques for parasites	R41.90	3883
<input type="checkbox"/>	QBC malaria concentration and fluorescent staining	R349.60	3786
General Endocrine			
<input type="checkbox"/>	Thyrotropin (TSH)	R274.10	4507
Lung, Kidney or Skeleton			
<input type="checkbox"/>	Chloride	R36.20	4023
<input type="checkbox"/>	Potassium	R50.60	4113
<input type="checkbox"/>	Sodium	R50.60	4114
<input type="checkbox"/>	U&E only	R221.50	4171
<input type="checkbox"/>	Creatinine	R50.60	4032
<input type="checkbox"/>	Uric acid	R52.90	4155
<input type="checkbox"/>	Urea	R50.60	4151
Cardiac			
<input type="checkbox"/>	Troponin Isoforms	R279.70	4161
<input type="checkbox"/>	CK-MB	R173.40	4152
<input type="checkbox"/>	Myoglobin	R173.40	4154
Glucose Metabolism			
<input type="checkbox"/>	Glucose: random	R50.60	4057
<input type="checkbox"/>	Glucose: fasting	R50.60	4057
<input type="checkbox"/>	HbA1C	R199.30	4064
<input type="checkbox"/>	Glucose tolerance test	R125.40	4049
Immunology			
<input type="checkbox"/>	Hepatitis A; IGM antibody	R202.60	4531
<input type="checkbox"/>	Hepatitis B: surface antigen	R202.60	4531
<input type="checkbox"/>	C-reactive protein	R151.60	3947
Microbiology			
<input type="checkbox"/>	Urine microscopy	R68.50	3867
<input type="checkbox"/>	Urine MC&S	R694.00	
<input type="checkbox"/>	Faecal microscopy	R68.50	3869
<input type="checkbox"/>	Faecal MC&S	R459.30	
<input type="checkbox"/>	Faecal occult blood	R139.80	4352
<input type="checkbox"/>	Sputum microscopy	R68.50	3867
<input type="checkbox"/>	Sputum MC& S	R730.50	
<input type="checkbox"/>	Sputum TB microscopy	R41.90	3881

Description (please tick the relevant box)	Cost	Code
HIV monitoring tests		
<input type="checkbox"/> HIV viral load	R1178.80	4429
<input type="checkbox"/> HIV: ELISA (no Western blot)	R197.20	3932
<input type="checkbox"/> CD4 Count	R295.00	3816

Other Tests

Clinical Information

ICD 10's

				-				
				-				

Referring doctor's signature

--

The Bankmed Pathology Benefit covers only the tests itemised above. For other tests please list in the "Other Tests" box

I certify that the above information is correct and give consent for selected tests to be done. I undertake to pay all outstanding monies not covered by the Scheme. I will be liable for any tests not covered by the Bankmed benefits.

Member's signature

--