

Contact us

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

Bankmed radiology request 2022

This is applicable to the Essential and Basic Plans

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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.

1. Referring doctor's details

Referring doctor	<input type="text"/>												
Doctor's practice number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tick if this is urgent	<input type="checkbox"/>	Copies to doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of request	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Patient details

Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient full name	<input type="text"/>												
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	
Bankmed membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alternative number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cellphone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Person responsible for the account

Full name including title (Mr/Mrs/Ms/Dr/Prof)	<input type="text"/>															
Postal address	<input type="text"/>															
	<input type="text"/>											Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Alternative number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cellphone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
E-mail	<input type="text"/>															

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 Bankmed benefits.

Patient or guardian's Signature

Signature of person responsible for payment (if different from patient)

Chest		
30100	<input type="checkbox"/> X-ray of the chest, single view	R565.80
30110	<input type="checkbox"/> X-ray of the chest two views, PA and lateral	R714.20
30150	<input type="checkbox"/> X-ray of the ribs	R891.50
30155	<input type="checkbox"/> X-ray of the chest and ribs	R1194.80
Abdomen		
40100	<input type="checkbox"/> X-ray of the abdomen	R617.90
40105	<input type="checkbox"/> X-ray of the abdomen supine and erect or decubitus	R997.60
Reproductive system		
43250	<input type="checkbox"/> Ultrasound study of the pregnant uterus, first trimester	R781.70
43260	<input type="checkbox"/> Ultrasound study of the pregnant uterus, second trimester	R1183.70
43273	<input type="checkbox"/> Ultrasound study of the pregnant uterus, third trimester uterus, follow-up visit	R781.70
Spine, pelvis and hips		
51110	<input type="checkbox"/> X-ray of the cervical spine, one or two views	R560.20
52100	<input type="checkbox"/> X-ray of the thoracic spine, one or two views	R597.40
53110	<input type="checkbox"/> X-ray of the lumbar spine, one or two views	R662.60
56100	<input type="checkbox"/> X-ray of the left hip	R591.80
56110	<input type="checkbox"/> X-ray of the right hip	R591.80
55100	<input type="checkbox"/> X-ray of the pelvis	R681.20
56120	<input type="checkbox"/> X-ray pelvis and hips	R1120.40

Notes from referring doctor and clinical details (e.g: ICD code):

Upper limbs

Shoulder

61100	<input type="checkbox"/> X-ray of the left clavicle	R565.80
61105	<input type="checkbox"/> X-ray of the right clavicle	R565.80
61110	<input type="checkbox"/> X-ray of the left scapula	R565.80
61115	<input type="checkbox"/> X-ray of the right scapula	R565.80
61120	<input type="checkbox"/> X-ray of the left acromio-clavicular joint	R584.40
61125	<input type="checkbox"/> X-ray of the right acromio-clavicular joint	R584.40
61130	<input type="checkbox"/> X-ray of the left shoulder	R647.70
61135	<input type="checkbox"/> X-ray of the right shoulder	R647.70

Upper arm

62100	<input type="checkbox"/> X-ray of the left humerus	R547.20
62105	<input type="checkbox"/> X-ray of the right humerus	R547.20

63100	<input type="checkbox"/> X-ray of the left elbow	R584.40
63105	<input type="checkbox"/> X-ray of the right elbow	R584.40
Forearm		
64100	<input type="checkbox"/> X-ray of the left forearm	R547.20
64105	<input type="checkbox"/> X-ray of the right forearm	R547.20
Wrist and hand		
65130	<input type="checkbox"/> X-ray of the left wrist	R591.80
65135	<input type="checkbox"/> X-ray of the right wrist	R591.80
65100	<input type="checkbox"/> X-ray of the left hand	R573.20
65105	<input type="checkbox"/> X-ray of the right hand	R573.20
65120	<input type="checkbox"/> X-ray of a finger	R496.90
65140	<input type="checkbox"/> X-ray of the left scaphoid	R614.20
65145	<input type="checkbox"/> X-ray of the right scaphoid	R614.20
Lower limbs		
Femur		
71100	<input type="checkbox"/> X-ray of the left femur	R547.20
71105	<input type="checkbox"/> X-ray of the right femur	R547.20
Knee		
72100	<input type="checkbox"/> X-ray of the left knee one or two views	R515.50
72105	<input type="checkbox"/> X-ray of the right knee one or two views	R515.50
72120	<input type="checkbox"/> X-ray of the left knee including patella	R859.80
72125	<input type="checkbox"/> X-ray of the right knee including patella	R859.80
Lower leg		
73100	<input type="checkbox"/> X-ray of the left lower leg	R547.20
73105	<input type="checkbox"/> X-ray of the right lower leg	R547.20
74100	<input type="checkbox"/> X-ray of the left ankle	R617.90
74105	<input type="checkbox"/> X-ray of the right ankle	R617.90
74120	<input type="checkbox"/> X-ray of the left foot	R521.10
74125	<input type="checkbox"/> X-ray of the right foot	R521.10
74130	<input type="checkbox"/> X-ray of the left calcaneus	R509.90
74135	<input type="checkbox"/> X-ray of the right calcaneus	R509.90
74145	<input type="checkbox"/> X-ray of a toe	R496.90
Other		
34100	<input type="checkbox"/> X-ray mammography including ultrasound	R1943.00
34101	<input type="checkbox"/> X-ray mammography unilateral, including ultrasound	R1554.40
34200	<input type="checkbox"/> Ultrasound study of the breast	R1470.30