

Bankmed radiology request 2024

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.

1. Referring Healthcare Professional's details

Referring Healthcare Professional	<input type="text"/>												
Healthcare Professional'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"/>			
Tick if this is urgent	<input type="checkbox"/>	Copies to Healthcare Professional	<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

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Membership number	<input type="text"/>	ID or passport number	<input type="text"/>
Telephone (H)	<input type="text"/>	Cellphone	<input type="text"/>
E-mail	<input type="text"/>		

3. Person responsible for the account

Full name including title (Mr/Mrs/Ms/Dr/Prof)	<input type="text"/>										
ID or passport 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"/>	
Postal address											
<input type="checkbox"/> PO Box	<input type="checkbox"/> Private bag	Box 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="checkbox"/> Suite	<input type="checkbox"/> Postnet suite	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"/>	
Suburb	<input type="text"/>							Post code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone number	<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"/>	<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)

The practice must maintain an ethical standard in accordance with the HPCSA code of conduct and refrain from any conduct that constitutes FWA (fraud, waste and/or abuse). Furthermore, the practice must co-operate with all FWA enquiries. In this regard the practice consents to provide and acknowledges that it is obliged to provide all information relevant to an FWA enquiry which includes information about the practice and its patient (individual or collective) that is relevant to establishing the occurrence of FWA and/or seeking solutions if FWA is established.

Chest			
30100	<input type="checkbox"/>	X-ray of the chest, single view	R588.30
30110	<input type="checkbox"/>	X-ray of the chest two views, PA and lateral	R743.10
30150	<input type="checkbox"/>	X-ray of the ribs	R927.00
30155	<input type="checkbox"/>	X-ray of the chest and ribs	R1242.40
Abdomen			
40100	<input type="checkbox"/>	X-ray of the abdomen	R642.50
40105	<input type="checkbox"/>	X-ray of the abdomen supine and erect or decubitus	R1037.30
Reproductive system			
43250	<input type="checkbox"/>	Ultrasound study of the pregnant uterus, first trimester	R812.80
43260	<input type="checkbox"/>	Ultrasound study of the pregnant uterus, second trimester	R1230.80
43273	<input type="checkbox"/>	Ultrasound study of the pregnant uterus, third trimester uterus, follow-up visit	R812.80
Spine, pelvis and hips			
51110	<input type="checkbox"/>	X-ray of the cervical spine, one or two views	R582.50
52100	<input type="checkbox"/>	X-ray of the thoracic spine, one or two views	R621.20
53110	<input type="checkbox"/>	X-ray of the lumbar spine, one or two views	R689.00
56100	<input type="checkbox"/>	X-ray of the left hip	R615.40
56110	<input type="checkbox"/>	X-ray of the right hip	R615.40
55100	<input type="checkbox"/>	X-ray of the pelvis	R708.30
56120	<input type="checkbox"/>	X-ray pelvis and hips	R1165.00

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

Upper limbs

Shoulder

61100	<input type="checkbox"/>	X-ray of the left clavicle	R588.30
61105	<input type="checkbox"/>	X-ray of the right clavicle	R588.30
61110	<input type="checkbox"/>	X-ray of the left scapula	R588.30
61115	<input type="checkbox"/>	X-ray of the right scapula	R588.30
61120	<input type="checkbox"/>	X-ray of the left acromio-clavicular joint	R607.70
61125	<input type="checkbox"/>	X-ray of the right acromio-clavicular joint	R607.70
61130	<input type="checkbox"/>	X-ray of the left shoulder	R673.50
61135	<input type="checkbox"/>	X-ray of the right shoulder	R673.50

Upper arm

62100	<input type="checkbox"/>	X-ray of the left humerus	R569.00
62105	<input type="checkbox"/>	X-ray of the right humerus	R569.00
63100	<input type="checkbox"/>	X-ray of the left elbow	R607.70

63105	<input type="checkbox"/> X-ray of the right elbow	R607.70
Forearm		
64100	<input type="checkbox"/> X-ray of the left forearm	R569.00
64105	<input type="checkbox"/> X-ray of the right forearm	R569.00
Wrist and hand		
65130	<input type="checkbox"/> X-ray of the left wrist	R615.40
65135	<input type="checkbox"/> X-ray of the right wrist	R615.40
65100	<input type="checkbox"/> X-ray of the left hand	R596.00
65105	<input type="checkbox"/> X-ray of the right hand	R596.00
65120	<input type="checkbox"/> X-ray of a finger	R516.70
65140	<input type="checkbox"/> X-ray of the left scaphoid	R638.60
65145	<input type="checkbox"/> X-ray of the right scaphoid	R638.60
Lower limbs		
Femur		
71100	<input type="checkbox"/> X-ray of the left femur	R569.00
71105	<input type="checkbox"/> X-ray of the right femur	R569.00
Knee		
72100	<input type="checkbox"/> X-ray of the left knee one or two views	R536.00
72105	<input type="checkbox"/> X-ray of the right knee one or two views	R536.00
72120	<input type="checkbox"/> X-ray of the left knee including patella	R894.00
72125	<input type="checkbox"/> X-ray of the right knee including patella	R894.00
Lower leg		
73100	<input type="checkbox"/> X-ray of the left lower leg	R569.00
73105	<input type="checkbox"/> X-ray of the right lower leg	R569.00
74100	<input type="checkbox"/> X-ray of the left ankle	R642.50
74105	<input type="checkbox"/> X-ray of the right ankle	R642.50
74120	<input type="checkbox"/> X-ray of the left foot	R541.80
74125	<input type="checkbox"/> X-ray of the right foot	R541.80
74130	<input type="checkbox"/> X-ray of the left calcaneus	R530.20
74135	<input type="checkbox"/> X-ray of the right calcaneus	R530.20
74145	<input type="checkbox"/> X-ray of a toe	R516.70
Other		
34100	<input type="checkbox"/> X-ray mammography including ultrasound	R2020.30
34101	<input type="checkbox"/> X-ray mammography unilateral, including ultrasound	R1616.30
34200	<input type="checkbox"/> Ultrasound study of the breast	R1528.80

Disclaimer: The rates stated above are for price awareness only and may differ from the rate on the radiology invoice.