

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 not-for-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 Healthcare Professional	<input type="text"/>		
Copy Healthcare Professional	<input type="text"/>		
Requesting Healthcare Professionals practice number	<input type="text"/>		
Testing laboratory	<input type="text"/>		

1. Patient details

Title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initial(s)	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport number	<input type="text"/>		
Date of birth	D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	Gender	M <input type="checkbox"/> F <input type="checkbox"/> Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<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 the Administrator and Bankmed. I accept that the Administrator and Bankmed 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 <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	Collection time	<input type="text"/> <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"/>
Telephone	<input type="text"/>		

2. Person responsible for payment of account

Title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initial(s)	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		

Guarantor

ID or passport number

Postal address (Post collected from post box, suite or private bag)

PO Box Private Bag Box number

Suite PostNet Suite Number

Suburb

City Postal code

Telephone (H) Telephone (W)

Cellphone

E-mail

Employer

Medical aid/receipt/I.O.D. no

Description (please tick the relevant box)	Cost	Code
Haematology		
<input type="checkbox"/> Haemoglobin estimation(Hb)	R 27.70	3762
<input type="checkbox"/> Leucocyte total + diff count	R 123.10	3783 and 3785
<input type="checkbox"/> Erythrocyte Count	R 34.60	3739
<input type="checkbox"/> Heamotocrit/PCV	R 27.70	3791
<input type="checkbox"/> Full blood count	R 161.50	3755
<input type="checkbox"/> Platelets	R 34.60	3797
<input type="checkbox"/> Erythrocyte Sedimentation Rate (ESR)	R 46.20	3743
Coagulation		
<input type="checkbox"/> Prothrombin Index	R 92.40	3805
<input type="checkbox"/> Therapeutic drug level: Dosage (INR)	R 69.30	3806
Pregnancy		
<input type="checkbox"/> HCG: Quantitative	R 190.70	4451
<input type="checkbox"/> RPR Syphilis	R 90.00	3949/3951
<input type="checkbox"/> Grouping: A B and O antigens	R 55.40	3764
<input type="checkbox"/> Grouping: Rh Antigen	R 55.40	3765
<input type="checkbox"/> Antiglobulin tests (Coombs)	R 56.20	3709
Gynaecology		
<input type="checkbox"/> Vaginal/cervical smear	R 195.10	4566
<input type="checkbox"/> Liquid based Cytology	R 207.60	4559
<input type="checkbox"/> Date LMP YYYY/MM/DD		
Lipid Metabolism		
<input type="checkbox"/> Cholesterol - Total	R 82.20	4027
<input type="checkbox"/> HDL cholesterol	R 106.20	4028
<input type="checkbox"/> Triglycerides	R 122.00	4147
<input type="checkbox"/> LDL cholesterol	R 106.20	4026
Liver and Pancreas		
<input type="checkbox"/> Amylase	R 79.70	4006

Description (please tick the relevant box)	Cost	Code
<input type="checkbox"/> Alkaline phosphatase	R 79.70	4001
<input type="checkbox"/> Bilirubin: total	R 73.40	4009
<input type="checkbox"/> Bilirubin: conjugated	R 55.70	4010
<input type="checkbox"/> AST	R 83.10	4130
<input type="checkbox"/> ALT	R 83.10	4131
<input type="checkbox"/> Albumin	R 73.80	3999
<input type="checkbox"/> Protein total	R 47.80	4117
<input type="checkbox"/> Gamma glutamyl transferase (GTT)	R 83.10	4134
Malaria blood smear		
<input type="checkbox"/> Malaria: antigen	R 138.40	3792
<input type="checkbox"/> Parasites in blood smear	R 86.10	3865
<input type="checkbox"/> Concentration techniques for parasites	R 46.20	3883
<input type="checkbox"/> QBC malaria concentration and fluorescent staining	R 384.70	3786
General Endocrine		
<input type="checkbox"/> Thyrotropin (TSH)	R 301.60	4507
Lung, Kidney or Skeleton		
<input type="checkbox"/> Chloride	R 39.80	4023
<input type="checkbox"/> Potassium	R 55.70	4113
<input type="checkbox"/> Sodium	R 55.70	4114
<input type="checkbox"/> U&E only	R 243.70	4171
<input type="checkbox"/> Creatinine	R 55.70	4032
<input type="checkbox"/> Uric acid	R 58.10	4155
<input type="checkbox"/> Urea	R 55.70	4151
Cardiac		
<input type="checkbox"/> Troponin Isoforms	R 307.70	4161
<input type="checkbox"/> CK-MB	R 190.70	4152
<input type="checkbox"/> Myoglobin	R 190.70	4154
Glucose Metabolism		
<input type="checkbox"/> Glucose: random	R 55.70	4057
<input type="checkbox"/> Glucose: fasting	R 55.70	4057
<input type="checkbox"/> HbA1C	R 219.20	4064
<input type="checkbox"/> Glucose tolerance test	R 138.00	4049
Immunology		
<input type="checkbox"/> Hepatitis A; IGM antibody	R 223.00	4531
<input type="checkbox"/> Hepatitis B: surface antigen	R 223.00	4531
<input type="checkbox"/> C-reactive protein	R 166.80	3947
Microbiology		
<input type="checkbox"/> Urine microscopy	R 75.40	3867
<input type="checkbox"/> Urine MC&S	R 767.00	
<input type="checkbox"/> Faecal microscopy	R 75.40	3869
<input type="checkbox"/> Faecal MC&S	R 505.40	

Description (please tick the relevant box)	Cost	Code
<input type="checkbox"/> Faecal occult blood	R 153.80	4352
<input type="checkbox"/> Sputum microscopy	R 75.40	3867
<input type="checkbox"/> Sputum MC& S	R 804.00	
<input type="checkbox"/> Sputum TB microscopy	R 46.20	3881
HIV monitoring tests		
<input type="checkbox"/> HIV viral load	R 1297.00	4429
<input type="checkbox"/> HIV: ELISA (no Western blot)	R 216.90	3932
<input type="checkbox"/> CD4 Count	R 324.70	3816

Other Tests

Clinical Information

ICD-10 codes

<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>

Referring Healthcare Professional's signature

--

Date

The Bankmed Pathology Benefit covers only the tests itemised above. For other tests please list in the "Other Tests" box the member will be liable for the cost of the tests.

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

--

Date

Fraud Waste Abuse

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.