

## Bankmed radiology request 2026

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"/>		
Tick if this is urgent <input type="checkbox"/>	Copies to Healthcare Professional <input type="text"/>	Date of request	<input type="text"/>

### 2. Patient details

Title <input type="text"/>	Initials <input type="text"/>
Surname <input type="text"/>	
First name(s) <input type="text"/>	
ID or passport number <input type="text"/>	Membership 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"/>		
Postal address		
<input type="checkbox"/> PO Box	<input type="checkbox"/> Private bag	Box number <input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> PostNet suite	Number <input type="text"/>
Suburb <input type="text"/>	Postal code <input type="text"/>	
Cellphone <input type="text"/>	Alternative number <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.

<b>Chest</b>		
30100	<input type="checkbox"/> X-ray of the chest, single view	R631.20
30110	<input type="checkbox"/> X-ray of the chest two views, PA and lateral	R797.30
30150	<input type="checkbox"/> X-ray of the ribs	R994.50
30155	<input type="checkbox"/> X-ray of the chest and ribs	R1 332.90
<b>Abdomen</b>		
40100	<input type="checkbox"/> X-ray of the abdomen	R689.30
40105	<input type="checkbox"/> X-ray of the abdomen supine and erect or decubitus	R1 112.80
<b>Reproductive system</b>		
43250	<input type="checkbox"/> Ultrasound study of the pregnant uterus, first trimester	R872.00
43260	<input type="checkbox"/> Ultrasound study of the pregnant uterus, second trimester	R1 320.50
43273	<input type="checkbox"/> Ultrasound study of the pregnant uterus, third trimester uterus, follow-up visit	R872.00
<b>Spine, pelvis and hips</b>		
51110	<input type="checkbox"/> X-ray of the cervical spine, one or two views	R624.90
52100	<input type="checkbox"/> X-ray of the thoracic spine, one or two views	R666.50
53110	<input type="checkbox"/> X-ray of the lumbar spine, one or two views	R739.10
56100	<input type="checkbox"/> X-ray of the left hip	R660.20
56110	<input type="checkbox"/> X-ray of the right hip	R660.20
55100	<input type="checkbox"/> X-ray of the pelvis	R759.90
56120	<input type="checkbox"/> X-ray pelvis and hips	R1 249.90

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	R631.20
61105	<input type="checkbox"/> X-ray of the right clavicle	R631.20
61110	<input type="checkbox"/> X-ray of the left scapula	R631.20
61115	<input type="checkbox"/> X-ray of the right scapula	R631.20
61120	<input type="checkbox"/> X-ray of the left acromio-clavicular joint	R651.90
61125	<input type="checkbox"/> X-ray of the right acromio-clavicular joint	R651.90
61130	<input type="checkbox"/> X-ray of the left shoulder	R722.50
61135	<input type="checkbox"/> X-ray of the right shoulder	R722.50

#### Upper arm

62100	<input type="checkbox"/> X-ray of the left humerus	R610.40
62105	<input type="checkbox"/> X-ray of the right humerus	R610.40
63100	<input type="checkbox"/> X-ray of the left elbow	R651.90

63105	<input type="checkbox"/> X-ray of the right elbow	R651.90
<b>Forearm</b>		
64100	<input type="checkbox"/> X-ray of the left forearm	R610.40
64105	<input type="checkbox"/> X-ray of the right forearm	R610.40
<b>Wrist and hand</b>		
65130	<input type="checkbox"/> X-ray of the left wrist	R660.20
65135	<input type="checkbox"/> X-ray of the right wrist	R660.20
65100	<input type="checkbox"/> X-ray of the left hand	R639.50
65105	<input type="checkbox"/> X-ray of the right hand	R639.50
65120	<input type="checkbox"/> X-ray of a finger	R554.30
65140	<input type="checkbox"/> X-ray of the left scaphoid	R685.10
65145	<input type="checkbox"/> X-ray of the right scaphoid	R685.10
<b>Lower limbs</b>		
<b>Femur</b>		
71100	<input type="checkbox"/> X-ray of the left femur	R610.40
71105	<input type="checkbox"/> X-ray of the right femur	R610.40
<b>Knee</b>		
72100	<input type="checkbox"/> X-ray of the left knee one or two views	R575.10
72105	<input type="checkbox"/> X-ray of the right knee one or two views	R575.10
72120	<input type="checkbox"/> X-ray of the left knee including patella	R959.20
72125	<input type="checkbox"/> X-ray of the right knee including patella	R959.20
<b>Lower leg</b>		
73100	<input type="checkbox"/> X-ray of the left lower leg	R610.40
73105	<input type="checkbox"/> X-ray of the right lower leg	R610.40
74100	<input type="checkbox"/> X-ray of the left ankle	R689.30
74105	<input type="checkbox"/> X-ray of the right ankle	R689.30
74120	<input type="checkbox"/> X-ray of the left foot	R581.30
74125	<input type="checkbox"/> X-ray of the right foot	R581.30
74130	<input type="checkbox"/> X-ray of the left calcaneus	R568.90
74135	<input type="checkbox"/> X-ray of the right calcaneus	R568.90
74145	<input type="checkbox"/> X-ray of a toe	R554.30
<b>Other</b>		
34100	<input type="checkbox"/> X-ray mammography including ultrasound	R2 167.50
34101	<input type="checkbox"/> X-ray mammography unilateral, including ultrasound	R1 734.00
34200	<input type="checkbox"/> Ultrasound study of the breast	R1 640.20

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