

## Application for out-of-hospital management of a Prescribed Minimum Benefit (PMB) condition 2026

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.

### Purpose of the form

- This form is to apply for out-of-hospital treatment of a PMB condition
- You are required to complete the psychotherapy treatment application on HealthID to proceed

### How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete the form digitally
2. You (the member) must complete section 1 of this form
3. Your Healthcare Professional must complete sections 2 and 3 and include detailed documents to support this application for treatment of a PMB condition
4. Please e-mail the completed and signed form with any supporting documents to **PMB\_APP\_FORMS@bankmed.co.za**
5. You will receive a letter informing you of our decision and the process you should follow

### 1. Important patient information (member to complete)

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

I give permission for my Healthcare Professional to provide Bankmed and the Administrator with my diagnosis and other relevant clinical information required to review my application. I agree to my information being used to develop registries. This means that you give permission for us to collect and record information about your condition and treatment. This data will be analysed, evaluated and used to measure clinical outcomes and make informed funding decisions.

I understand that:

- 1.1. Funding from Prescribed Minimum Benefits is subject to meeting benefit entry criteria as determined by Bankmed and the Administrator.
- 1.2. The Prescribed Minimum Benefits provides cover for disease-modifying therapy only, which means that not all medications for a listed condition are automatically covered by Prescribed Minimum Benefits.
- 1.3. By registering for Prescribed Minimum Benefits, I agree that my condition may be subject to disease management interventions and periodic review and that this may include access to my medical records.
- 1.4. Funding for treatment from Prescribed Minimum Benefits will only be effective from when Bankmed or the Administrator receives an application form that is completed in full.
- 1.5. An application form needs to be completed when applying for a new PMB condition.
- 1.6. If you are approved on the benefit, you need to let us know when your treating Healthcare Professional changes your treatment plan so that we can update your PMB authorisation/s. You can do this by e-mailing the new prescription to us or asking your Healthcare Professional or pharmacist to do this for you.
- 1.7. To make sure that we pay your claims from the correct benefit, we need the claims from your Healthcare Professional to be submitted with the relevant ICD-10 code(s). Please ask your Healthcare Professional to include your ICD-10 code(s) on the claims they submit and on the form that they complete when they refer you to the pathologists and/or radiologists for tests. This will enable the pathologists and radiologists to include the relevant ICD-10 code(s) on the claims they submit, ensuring that we pay your claims from the correct benefit.

## Consent for processing my personal information

I give the Scheme and the Administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for Prescribed Minimum Benefits. I consent to the Scheme and the Administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my Healthcare Professional and to relevant third parties, to administer the Prescribed Minimum Benefits as well as undertake managed care interventions related to the PMB condition.

Withdrawing consent for your general, personal, medical or clinical information to be accessed or shared with relevant third parties, means that you will no longer have access to funding from the applicable disease management benefits. Claims which would usually be funded from the disease management benefits will, once consent is withdrawn, be funded from other available benefits according to the Rules of your Plan. Should you wish to withdraw consent, then please call **0800 BANKMED (0800 226 5633)**.

Patient's signature

(if patient is a minor, Principal Member to sign)

Date

## 2. Application (Healthcare Professional to complete)

Date of diagnosis

       

### 2.1. Application for out-of-hospital treatment

Condition	ICD-10 code	Consultation or procedure code**	Consultation or procedure description	Quantity required

Clearly specify what is required, for example consultations, pathology, radiology and/or procedure.

\*\* The professional billing codes must be supplied for us to review the application.

Please attach any relevant supporting documents, for example pathology tests.

### Applications for psychotherapy:

- You are required to complete the psychotherapy treatment application on HealthID to proceed.
- If the application is for psychotherapy treatment for members younger than 13 years of age, the Scheme will require the latest Diagnostic and Statistical Manual of Mental Disorders (DSM V) form including the Global Assessment of Functioning (GAF) score.
- Date of 1st psychotherapy session
- Internet-based Cognitive Behavioural Therapy (iCBT) has been demonstrated to be a helpful adjunct to treatment for people with Major Depression\*. An iCBT course is included in the treatment basket for Major Depression for all members of participating schemes who are 18 years and older. iCBT will be funded as one (1) psychotherapy consultation from the member's Out-of-Hospital Treatment of a Prescribed Minimum Benefit, where PMB funding is approved. Qualifying members will be alerted that they have access to an iCBT course.

**Please indicate on the form below if you feel that information on iCBT should not be shared with this member.**

This member should not receive information on iCBT

If no preference is indicated, the member will be given more information on the iCBT course.

\*ICD-10 codes: F32.2; F32.3; F32.8; F32.9; F33.0; F33.1; F33.2; F33.3; F33.4; F33.8; F33.9, F34.0; F34.1; F53.1; F53.8; F53.9

