Administered by Discovery Health

Contact details
Tel: 0860 123 007 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Application for chronic renal dialysis

The latest version of the application form is available on www.tfgmedicalaidscheme.co.za. Alternatively members can phone 0860 123 077 and health professionals can phone 0860 44 55 66.

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, 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). We take care of the administration of your membership for the Scheme.

Purpose of the form

This form is used to apply for chronic renal dialysis benefits for TFG Health Plan patients.

What you must do

1. Fill in the form in black ink and print clearly, or complete the form digitally by using Microsoft Word.
2. All relevant sections must be physically signed by the applicant and cannot be signed digitally. The applicant and provider must sign and date any changes.
3. The patient must complete section 1.
4. The treating physician or nephrologists complete section 2 and 3.
5. Send the completed and signed form to DiscoveryCare by email at chronicqueries@discovery.co.za or by fax to 011 539 7004. Once reviewed will notify you as the treating doctor and the patient on our funding decision on chronic renal dialysis benefits.

1. Patient details

Title | Initials | Surname

First name/s (as per identity document)

ID or passport number

Membership number | Telephone (H)

Telephone (W) | Cellphone (H)

Fax

Email

Signature of patient
(if patient is a minor, main member to sign)

Date D D M M Y Y Y Y

Please only sign if information is true, complete and correct

TFGACR001

2. Treating doctor's details

Name

Surname

Preferred contact telephone number

Practice number

Proposed facility for chronic renal dialysis

Practice number

Email

Fax number

Please note

- The member must be registered on the Chronic Illness Benefit for Chronic Renal Disease to be considered for chronic renal dialysis.
- All approved TFG Health Plan members can enrol on a chronic dialysis programme either in the contracted state facility or in a network facility.

3. Additional information (Treating doctor to complete)

ICD-code description

Date when condition was first diagnosed D D M M Y Y Y Y

Diagnosis

Diagnosis	Yes	No	If "Yes" , please provide further detail	Yes	No
Terminal stage of cancer					
Advanced, irreversible progressive disease of vital organs			• Advanced cirrhosis and liver disease		
			• Lung disease		
			• Cardiac, cerebro-vascular or vascular disease		
			• Medically or surgically irreversible coronary artery disease		
			• Unresponsive infections for example HPV, Hepatitis B and C		
HIV and AIDS			• Have access to antiretroviral treatment		
			• Have access to a comprehensive HIV and AIDS treatment		
Psychological conditions			• Active substance abuse or dependency		
			• Any form of mental illness that has resulted in diminished capacity for patients to take responsibility for their actions		

I confirm that I have checked the accuracy of the information supplied in this application. I confirm that I have received the patient's consent to disclose the medical information in this form to the Scheme and Discovery Health (Pty) Limited.

Signature of treating doctor

Date D D M M Y Y Y Y

Please only sign if information is true, complete and correct.

TFG Medical Aid Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows:
Email: complaints@medicalschemes.com | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.com

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