HIV PMB application form



Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

Request for additional cover from the Prescribed Minimum Benefits

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, 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.

Patient name and surname																		
Membership number]											

How to complete this form

Please ensure that all the relevant information required, as set out in the form is completed, including contact details for the provider and date of request.

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. Please complete this form if you wish to apply for additional cover for the diagnosis of, medicine for, or out-of-hospital management of a Prescribed Minimum Benefit (PMB) condition.
- 3. You (the member) must complete Section 1 of this form.
- 4. Your doctor must complete Section 2 and Section 3, and include detailed documents supporting your application.
- Please fax this completed and signed form with any support documentation to 011 539 3151 or email it to HIV_Diseasemanagement@discovery.co.za or post it to LA Health Medical Scheme, PO Box 652509, Benmore, 2010.
- A dedicated case manager will call you and your treating doctor let you know about our funding decision and the process to follow if your application is approved.
- 7. You can also contact our call centre on 0860 103 933 if you have any questions.

1. Main member 's details		
Title	Surname	
ID number		
Membership number		Date of birth $\begin{bmatrix} Y & Y & Y & M & M & D \end{bmatrix}$
Postal address		
		Code
Telephone (H)		(W)
Cellphone		Fax
Email		

2. About the patient

Title	Surname												
ID number													
Membership number		Date of birth $\begin{bmatrix} Y & Y & Y & M & M & D \end{bmatrix}$											
Postal address													
		Code											
Telephone (H)		(W)											
Cellphone		Fax											
Email													
May we communicate your information to yo	bu by email 🔲 or fax 🗌												
Relationship to main member													
Patient's signature (if patient is a minor, main member to	ient's signature (if patient is a minor, main member to sign)												

3. Information about treatment request (doctor to complete)

3.1 Application for medical management

Out-of-hospital

Condition	RPL consultation or procedure code	RPL description	Number of consultations or procedures per year

3.2 Application for medicine

Current medicine requested (please provide details)

Condition	Medicine name, strength and dosage	NAPPI code	Frequency

3.3 Application for radiology

Condition	Code	Description	Quantity

3.4 Application for pathology

Condition	Code	Description	Quantity

4. Doctor's details (doctor to complete)

Name																						
Practice number												Fax	、 [
Doctor's signature														Dat	e [Y	Y	Y	M	M	D	D

The Council for Medical Schemes contact details: complaints@medicalschemes.com / 0861 123 267 / www.medicalschemes.com

LA Health Medical Scheme, registration number 1145, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider. Page 2 of 2