## **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	<b>、</b> [									
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