

Contact details

Tel: 0860 002 107 • PO Box 652509 • Benmore, 2010 • www.bemas.co.za

Oncology PMB application form

Request for additional cover from the Prescribed Minimum Benefits

Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'we' 'us' and 'our' or 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 BEMAS.

Patient's name and surname

Membership number

How to complete this form

Please sign the form and 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.
5. Please fax this completed and signed form with any supporting documents to **011 539 5417** or post it to **Discovery Health, Oncology, PO Box 784262, Sandton 2146**. You can also contact our oncology call centre on 0860 002 107 if you have any questions. You will receive a letter informing you of our decision and the process to follow for approved requests.
6. You may call us if you would like to lodge a formal dispute to a declined appeals decision.

1. About yourself (main applicant)

Title Initials Surname

ID number

Membership number Date of birth

Postal address

 Code

Telephone (H) (W)

Cellphone Fax

Email address

Name of patient or dependant

May we communicate your information to you by: email or fax

Has your treatment been approved on the Oncology Benefit? Yes No

If **yes**, your doctor must list the condition for which your treatment has been approved on the next page.

