

Oncology PMB application form

Request for additional cover from the Prescribed Minimum Benefits



Contact details

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

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 (registration number 1997/013480/07), (referred to as 'the administrator') administers LA Health Medical Scheme. The administrator is a separate company and an authorised financial services provider.

Patient's name and surname	<input type="text"/>
Membership number	<input type="text"/>

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 support documentation to **011 539 5417** or post it to **LA Health Medical Scheme, Oncology, PO Box 784262, Sandton, 2146.**
6. You will receive a letter informing you of our decision and the process to follow for approved requests.
7. You may call us if you would like to lodge a formal dispute to a declined appeals decision.

1. About yourself (main applicant)

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
ID number	<input type="text"/>					
Membership number	<input type="text"/>				Date of birth	<input type="text"/>
Postal address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Telephone (H)	<input type="text"/>	<input type="text"/>	(W)	<input type="text"/>	<input type="text"/>	
Cellphone	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	
Email address	<input type="text"/>					
Name of patient or dependant	<input type="text"/>					
May we communicate your information to you by: email <input type="checkbox"/> or fax <input type="checkbox"/>						
Has your treatment been approved on the Oncology Benefit? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes, your doctor must list the condition for which your treatment has been approved on the next page.						
Patient's signature (if patient is a minor, main member to sign)	<input type="text"/>				Date	<input type="text"/>

2. Information about treatment request (doctor to complete)

[illegible]

Date of Diagnosis:

Y	Y	Y	Y	M	M	D	D
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Primary ICD 10 code:

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Secondary ICD code/s:

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Diagnostic ☐

Ongoing Treatment/Monitoring ☐

2.1 Application for medical management which may include Pathology, Radiology and other condition related healthcare services)

* Medication requests: Initial requests will need to be accompanied by a valid script, thereafter a script only will be required for continuation

[illegible]

3. Doctor's details (doctor to complete)

[illegible][illegible]

Email

Doctor's signature _____

Date

Y	Y	Y	Y	M	M	D	D
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1. You will be required to submit an Oncology PMB application form in instances where a member has exhausted his/her benefits from the Oncology Basket of Care.
2. If the appeal has been approved, we will forward communication to you and the claim will be sent for re-processing.
3. **Important to note:** If the member still has sufficient benefits available, we will not provide you with an authorization number as per our internal process.
4. You will also be requested to submit an Oncology PMB Application Form in instances where the item is not part of the Oncology Basket of Care available.

Please note, the submission of an Oncology PMB Application Form does not guarantee payment.