

Contact details

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

Advanced Illness Benefit application form

(To be completed by treating doctor)

Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, is a not-for-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 to apply for palliative care through the Advanced Illness Benefit (AIB) for both advanced oncology (cancer) or for non-oncology illness care.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administration delays, please ensure this application is completed in full and signed by both the doctor and the member (or their proxy).
3. Fill in section 1 to 3 of the application form and sign section 10.
4. Take the form to your treating doctor to complete section 4 to 10. Only applications signed by the treating doctor will be accepted.
5. Please email this completed and signed form to **AIB@discovery.co.za**.
6. The treating doctor and the patient will receive a letter informing them of our decision and what to do next for approved requests.
7. If you wish to appeal a decision or if you have any questions, you may call our call centre.

Date of application

D	D	M	M	Y	Y	Y	Y
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1. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Membership number	<input type="text"/>	ID or passport number	<input type="text"/>
Telephone	<input type="text"/>	Cellphone	<input type="text"/>
Email	<input type="text"/>		
Physical address:			
Unit/Suite number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>

2. About the patient's next-of-kin

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Relationship	<input type="text"/>		
Telephone	<input type="text"/>	Cellphone	<input type="text"/>

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Email

Title **Initials**

Surname

First name(s) (as per identity document)

Relationship

Telephone **Cellphone**

Email

3. Advance Healthcare planning

Does the patient have an Advance Care Plan and/or Living Will? Yes No

if "Yes", give the nominated third party's details or the proxy's details:

Title **Initials**

Surname

First name(s) (as per identity document)

Relationship

Email

Telephone **Cellphone**

4. About the referring doctor

Name and surname

BHF practice number

Speciality

Telephone **Preferred method of communication**

Email

Practice address

Unit/Suite number **Complex name**

Street number **Street name**

Suburb

City **Postal code**

5. About the treating doctor

Same as above

Name and surname

BHF practice number

Speciality

Telephone **Preferred method of communication**

Email

Practice address

Unit/Suite number **Complex name**

Street number **Street name**

Suburb

City **Postal code**

6. Clinical summary for patients with ADVANCED CANCER ONLY (treating doctor to complete)

Date of assessment D D M M Y Y Y Y

Date of cancer diagnosis D D M M Y Y Y Y

ICD-10 code:

Main cancer diagnosis

Current Stage TNM

TX T0 T1 T2 T3 T4 NX N0 N1 N2 N3 MX M0 M1

If other, please specify:

Metastasis Yes No Unknown

Site of Metastasis Bone Brain Liver Lung

If other, please specify:

Previous chemotherapy, radiotherapy and surgical interventions

Number of unplanned admissions in the past 6 months

Have you and your patient discussed why you are applying for this benefit at this stage? Yes No

Other relevant clinical information

Treatment intent Palliative Curative

Disease directed treatment ongoing? Yes No

If "Yes", provide the type of treatment eg radiotherapy, chemotherapy. Details:

If **palliative chemotherapy** is planned, provide details of **exact intent** of treatment, eg tumour response, improvement in function, symptom control (please specify). Details:

Treatment start date D D M M Y Y Y Y

Planned duration of treatment

If "No", provide the date and details of the last treatment.

Date D D M M Y Y Y Y

Details

7. Performance status (treating doctor to complete for patients ≥ 16 years)*

Current Performance status*

Performance status 6 months ago*

ECOG Performance Status ¹		ECOG Performance Status ¹	
Karnofsky Performance Scale ²		Karnofsky Performance Scale ²	

*Refer to page 5 for more information

8. Performance status (treating doctor to complete for patients < 16 years)*

Current Performance status*

Performance status 6 months ago*

Lansky Scale ³		Lansky Scale ³	
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*Refer to page 5 for more information

9. Palliative care plan (treating doctor to complete)

Medicine

Item	Dose	Frequency	Duration	Repeat

Other supportive treatment

Social worker Please specify _____

Counselling Please specify _____

Home nursing (excluding frail care) Please specify _____

Oxygen Please specify _____

Hospice Please specify _____

Referral to palliative care doctor Please specify _____

Equipment (subject to benefit option and review) Please specify _____

Other Please specify _____

Planned date of next assessment

D	D	M	M	Y	Y	Y	Y
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10. Other treating doctors

Name						
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Speciality <input type="text"/>
Email						

Name						
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Speciality <input type="text"/>
Email						

I understand what the Advanced Illness Benefit can offer to the patient and that he/she is comfortable to proceed with registration.

Doctor's Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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By signing consent, I give permission for the identified next-of-kin to be contacted in order for us to assist with the patient's healthcare needs. I understand that as the patient's condition changes, other care treatment plans may be introduced and I give permission for other multidisciplinary healthcare providers to be contacted.

Member/patient or third party/proxy signature on behalf of the patient	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ECOG Performance Status¹

0 — Fully active, able to carry on all pre-disease performance without restriction
1 — Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work
2 — Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
3 — Capable of only limited self-care; confined to bed or chair more than 50% of waking hours
4 — Completely disabled; cannot carry on any self-care; totally confined to bed or chair
5 — Dead

Karnofsky Performance Status²

100 — Normal, no complaints; no evidence of disease
90 — Able to carry on normal activity; minor signs or symptoms of disease
80 — Normal activity with effort, some signs or symptoms of disease
70 — Cares for self but unable to carry on normal activity or to do active work
60 — Requires occasional assistance but is able to care for most of personal needs
50 — Requires considerable assistance and frequent medical care
40 — Disabled; requires special care and assistance
30 — Severely disabled; hospitalisation is indicated although death not imminent
20 — Very ill; hospitalisation and active supportive care necessary
10 — Moribund
0 — Dead

Karnofsky Performance Status (recipient age ≥ 16 years)²

Able to carry on normal activity, no special care is needed
100 — Normal, no complaints; no evidence of disease
90 — Able to carry on normal activity; minor signs or symptoms of disease
80 — Normal activity with effort; some signs or symptoms of disease
Unable to work, able to live at home, cares for most personal needs, a varying amount of assistance is needed
70 — Cares for self but unable to carry on normal activity or to do active work
60 — Requires occasional assistance but is able to care for most of personal needs
50 — Requires considerable assistance and frequent medical care

Lansky Scale (recipient age ≥ 1 year and < 16 years)³

Able to carry on normal activity, no special care is needed
100 — Fully active
90 — Minor restriction in physically strenuous play
80 — Restricted in strenuous play, tires more easily, otherwise active
Mild to moderate restriction
70 — Both greater restrictions of, and less time spent in active play
60 — Ambulatory up to 50% of time, limited active play with assistance/supervision
50 — Considerable assistance required for any active play, fully able to engage in quiet play

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Unable to care for self, requires equivalent of institutional or hospital care, disease may be progressing rapidly	Moderate to severe restriction
40 — Disabled, requires special care and assistance 30 — Severely disabled, hospitalisation is indicated, although death not imminent 20 — Very ill, hospitalisation and active supportive care necessary 10 — Moribund, fatal process progressing rapidly	40 — Able to initiate quiet activities 30 — Needs considerable assistance for quiet activity 20 — Limited to very passive activity initiated by others (e.g. TV) 10 — Completely disabled, not even passive play

1. Sørensen J, Klee M, Palshof T, Hansen H. Performance status assessment in cancer patients. An inter-observer variability study. *British journal of cancer*. 1993;67(4):773.
2. Schag CC, Heinrich RL, Ganz P. Karnofsky performance status revisited: reliability, validity, and guidelines. *Journal of Clinical Oncology*. 1984;2(3):187-93.
3. Lansky SB, List MA, Lansky LL, Ritter-Sterr C, Miller DR. The measurement of performance in childhood cancer patients. *Cancer*. 1987;60(7):1651-6.