LA KeyPlus application for Chronic Renal Dialysis



Contact details

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

Please ensure all sections are completed in full by your treating physician or nephrologists.

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.

1. Patient's details: cor	npu	Iso	ry	to	CC	m	ple	te																									
Patient name and surname																																	
Membership number																																	
Telephone																						F	ax										
Email		_	_																														
I consent to LA Health Medica Scheme and Discovery Health administer my benefits. I agre as long as all the parties involved	(Pty) e tha	Ltc t LA	d (ir A H	nclu ealt	ıdir :h N	ng g Vled	ene lical	ral Sch	or m	nedi e or	cal Dis	info	orm: very	atio / He	on ti	าat า (P	is re ty) L	leva .td r	ant	to	ny a	арр	lica	tior	1) to	m	y he	ealth	ncar	re pi	rovi	der,	to
Signature of patient (if patient is a minor, main memb	er to s	sign	, _																						Dat	e	Υ	Υ	Υ	Υ	M	M) D
2. Treating doctor's de	tails	: C (on	ıρι	ılse	ory	to	СО	mp	let	e																						
Treating doctor																	Prac	tice	nu	mb	er												
Preferred contact telephone n	umbe	er																															
Proposed centre for Chronic R	enal [Dial	ysi	s] F	rac	tice	nu	mb	er [
Email																																	
Fax Number																																	
Please note that the member	must	: be	re	gist	ere	d o	n oı	ur C	hroi	nic I	llne	ess.	Ben	efit	t for	Ch	roni	c Re	ena	Dis	eas	e to	o be	e co	nsic	dere	ed f	or c	hro	nic :	rena	al di	alysis
Please note that the criteria li as published by the Departme										for	chi	ron	ic re	ena	l dia	lysi	s an	d a	re l	ase	d o	n tł	ne G	Guic	lelir	nes	for	Chr	onio	: Re	nal	Dial	ysis
Please note all approved mem exists, then Prescribed Minim												_										or	in a	ne	two	rk 1	facil	ity.	If n	o ne	etwo	ork f	acilit
Signature																									Da	te	Υ	Υ	Υ	Υ	M	M) D
I confirm that I have checked	the a	accı	ura	су с	of th	he i	nfo	rma	ition	su	ppli	ed	in th	his	арр	lica	tion																

3. Additional information: compulsory to complete											
ICD-10 code Diagnosis description											
Date when condition was first diagnosed											
	Yes	No									
1. Terminal stage of cancer											
2. Advanced, irreversible progressive disease of vital organs											
If "Yes" what kind of disease:											
Cardiac, cerebro vascular or vascular disease											
Advanced cirrhosis and liver disease											
Medically or surgically irreversible coronary artery disease											
Lung disease											
Unresponsive infections for example HPV, Hepatitis B and C											
3. HIV / AIDS											
If "Yes" then does the patient:											
Have access to a comprehensive HIV/AIDS treatment plan											
Have access to anti-retroviral treatment											
Has the patient been stable for the last six months											
4. Does the patient suffer from any psychological problems											
If "Yes" please specify:											
• Any form of mental illness that has resulted in diminished capacity for patients to take responsibility for their actions											
Active substance abuse or dependency											

Please email this form to DiscoveryCare on chronicqueries@discovery.co.za or fax it to 011 539 7004.

Once reviewed we will notify the member and yourself on our decision on chronic dialysis benefits.