

Request for treatment of a maintenance or physical rehab nature



Contact details

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

This form is to be completed for extended physiotherapy, occupational therapy, speech therapy and biokinetics, for rehabilitation post hospitalisation or maintenance/conservative therapy post rehabilitation or congenital defect.

Who we are

Remedi is the medical scheme, registration number 1430, which 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), which takes care of the administration of your membership of Remedi.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Fax the completed and signed form to **011 539 7012** or email it to clinicalhelp@yourremedi.co.za, or post it to Remedi, PO Box 652509, Benmore, 2010.
3. As a member, please complete section 1 and 2 of this form and sign section 4.
4. Your healthcare professional must complete section 3, and include detailed documents supporting your application.
5. You will receive a letter informing you of our decision and the process to be followed for approved requests.

1. Main member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>

2. About the patient (member to complete if patient is a minor)

Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Membership number	<input type="text"/>	ID or passport number	<input type="text"/>
Cellphone	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>		

May we communicate your confidential information to you at this email address? Yes No or fax number? Yes No

Are you applying for maintenance or conservative therapy post rehabilitation or congenital defect (mental or physical)? Yes No

Are you applying for rehabilitation therapy post hospitalisation (treatment must be connected to an approved rehabilitative treatment plan and must commence within two weeks of discharge from hospital)? Yes No

3. Application (Doctor to complete)

3.1. Application for out-of-hospital treatment

Condition	Date of diagnosis	Treatment start date	Treatment end date	ICD-10 Code	Consultation or procedure code**	Consultation or procedure description	Quantity required

* Please clearly specify what is required, for example consultations, pathology, radiology and/or procedure.

** The professional billing codes must be supplied for us to review the application.

Please attach any relevant supporting documentation, for example pathology tests. If the application is for psychotherapy treatment for members younger than 13 years of age, the scheme will require the latest DSM V form including the GAF (Global assessment of Functioning) score.

3.2. Application for medicine

Current medicine required (please provide supportive clinical results or information ,where necessary)

Condition	ICD-10 code	Medication name, strength and dosage	How long has the patient used this medicine?	
			Years	Months

3.3. Application for radiology

Condition	ICD-10 code	Procedure code	Procedure description	Quantity required

3.4. Application for pathology

Condition	ICD-10 code	Procedure code	Procedure description	Quantity required

4. Disclaimer

1. Should it become apparent that the treatment is no longer medically necessary, Remedi may revoke cover for treatment that has been approved in terms of this application.
2. Remedi will only approve treatment that meets the requirements of the Scheme's clinical guidelines and protocols. These guidelines are based on generally accepted clinical guidelines and treatment protocols.
3. Each case will be assessed on its own merits.
4. Claims are subject to the annual overall limit and the relevant sub limits.

Signed at (town or city)

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Signature of main applicant

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