Pre-assessment request

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

Who we are

Remedi Medical Aid Scheme is the medical scheme, registration number 1430, which is 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.

When you sign this pre-assessment request you confirm that the information provided is true and correct.

When you sign this form, you are requesting that Remedi provide you with a quotation for a procedure you or a dependant is scheduled to have. This will enable you to compare the costs that your service providers have given you, with what your benefit option will pay.

Please note: You need to obtain an authorisation number from the Pre-authorisations Department before we can assist you with a pre-assessment request. To authorise the procedure, please call **0860 116 116**. You will need the following information when you contact our pre-authorisations Department:

- Date of service
- Treatment and ICD-10 codes
- Practice numbers for the hospital and the treating doctor

Your doctor can provide you with this information.

If you have any questions, please let us know. Once we have assessed your request, we will give you a quote letter.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
2. To avoid unnecessary delays, please

- complete all sections. We cannot provide you with a pre-assessment if section 5 is not completed.
- include all information, including the authorisation number.

3. Email the completed and signed form to **preassessment_requests@yourremedi.co.za**

1. Important details about pre-assessments

A pre-assessment helps you to understand your cover and any shortfalls you may have to pay

- With a completed pre-assessment, you are able to compare the costs that your service provider charged with the costs that your benefit option will cover. It helps you to understand any financial implications beforehand.
- A pre-assessment is a quote and does not guarantee payment.

A pre-assessment is done on request and you need to ask for it before having the procedure

- We will only do a pre-assessment before the procedure is done and we have issued an authorisation.
- We need at least seven working days to complete the assessment.

A pre-assessment does not replace the authorisation you need from the Scheme

- This is only a guideline for costs and what the Scheme will pay according to your benefit option and Scheme Rules – you still need to obtain the relevant authorisation before the procedure is done.
- Please note that we will only pay for the codes received according to this quote. If your doctor changes or adds codes after this quote has been issued, we cannot accept any responsibility for the difference in cover.

We will send a completed assessment letter to you

- Because the information in a pre-assessment request is confidential, we will send the completed assessment letter to you only.
- We will email the completed assessment letter to you.

Contact us if you have any questions about this pre-assessment form

If you need to check or query anything about this request, please call us on **0860 116 116**.

2. Main member's details

Membership number

ID or passport number

Member's surname

Member's name

3. Patient's details

Title | Initials

First name(s) (as per identity document)

Surname

Will the procedure be done in- or out-of-hospital? In | Out

4. Doctor's details

Doctor's name

Billing practice number | Treating practice number

Telephone

Have you been referred for this treatment/procedure by another doctor? Yes | No

If 'Yes" please provide the referring doctor's practice number

5. Details about the procedure

When will the procedure be done? D D M M Y Y Y Y

Where will the procedure be done? In hospital or day-clinic | Other facility instead of in hospital

Procedure information

Please provide a separate Rand value for each procedure code. We cannot work with estimated or combined amounts.

Codes from your healthcare provider

We need the codes to make sure we all refer to the same procedures and products. Please provide the ICD-10 diagnosis code and all the procedure and product codes.

(An ICD-10 code describes your diagnosis and contains numbers and letters, for example Tonsillitis could be coded as J35.0. An ICD-10 code may be 3, 4 or 5 characters in length. Procedure codes are 4-5 digits long and product codes are 6-9 digits long).

ICD-10 diagnosis code

Practice number	Procedurecode	Rand value	Practice number	Procedure code	Rand value

Please note:

If your healthcare provider gave you more codes than there are lines available on this form, you can attach extra pages. If you do add a page, it is very important that you include the practice number, codes and Rand values for every code. You can also attach the quotations you received from your healthcare providers to this form, but please make sure that the practice numbers, procedure codes and Rand values are included for every code on the quotation.

Signed at (town or city) | on D D M M Y Y Y Y

Signature of main member

Please do not sign an incomplete application form