Request for additional cover from the HIV Prescribed Minimum Benefits Baskets of care

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

Who we are

Remedi is the medical scheme, registration number 1430, which is a non profit organisation, 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 for Remedi.

How to complete this form

Please 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 and Section 2 of this form.
4. Your doctor must complete Section 3 and Section 4, and include detailed documents supporting your application.
5. Please email this completed and signed form with any supporting documentation to **HIV@yourremedi.co.za** or post it to Remedi, **PO Box 652509, Benmore, 2010**.
6. A dedicated case manager will call you and your treating doctor let you know about our funding decision and the process to follow if your application is approved.
7. You can also contact our call centre on **0860 116 116** if you have any questions.

1. Main member's details

Membership number

ID or passport number

Member's surname

Member's name

2. Patient details

Title | Initials

Surname

First name(s)

ID or passport number | Membership number

Telephone (H) | Telephone (W)

Cellphone

Email

Relationship to main member

Signature | Date D D M M Y Y Y Y

(if patient is a minor, parent/guardian to sign)

Remedi Medical Aid Scheme. Registration number 1430 is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.

3. Information about treatment request *(Doctors to complete)*

3.1. Application for medical management

Out-of-hospital ☐

Condition	RPL consultation or procedure code	RPL description	Number of consultations or procedures per year

3.2. Application for medication

Current medication requested

Condition	Medication name, strength and dosage	NAPPI code	Frequency

3.3. Application for radiology

Condition	Code	Description	Quantity

3.4. Application for pathology

Condition	Code	Description	Quantity

4. Doctor's details (to be completed by the doctor)

Name

BHF practice number

Speciality

Telephone

Cellphone

Email

I acknowledge that the approval of this treatment is subject to the HIV status of the patient and that I have received the patient's consent to disclose their HIV status and any other related information to Remedi Medical Aid Scheme and Discovery Health (Pty) Ltd.

Signature of doctor

Date D D M M Y Y Y Y

Original hand signature required