



- 2.4. Funding for treatment from Prescribed Minimum Benefits will only be effective from when Bankmed Medical Scheme or the administrator receives an application form that is completed in full.
- 2.5. An application form needs to be completed when applying for a new PMB condition.
- 2.6. If you are approved on the benefit, you need to let us know when your treating Healthcare Professional changes your treatment plan so that we can update your Prescribed Minimum Benefit authorisation/s. You can do this by e-mailing the new prescription to us or asking your Healthcare Professional or pharmacist to do this for you.
- 2.7. To make sure that we pay your claims from the correct benefit, we need the claims from your Healthcare Professionals to be submitted with the relevant ICD-10 diagnosis code(s). Please ask your Healthcare Professional to include your ICD-10 diagnosis code(s) on the claims they submit and on the form that they complete when they refer you to the pathologists and/or radiologists for tests. This will enable the pathologists and radiologists to include the relevant ICD-10 diagnosis code(s) on the claims they submit, ensuring that we pay your claims from the correct benefit.

### Consent for processing my personal information

I give the Scheme and the administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for Prescribed Minimum Benefits. I consent to the Scheme and the administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my Healthcare Professional and to relevant third parties, to administer the Prescribed Minimum Benefits as well as undertake managed care interventions related to the PMB condition.

Patient's signature

Date 

D	D	M	M	Y	Y	Y	Y
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(if patient is a minor, Principal Member to sign)

I acknowledge that I have read and understood the conditions under "Notes to member" (section 2).

## 3. Application (Healthcare Professional to complete)

### 3.1. Application for out-of-hospital treatment\*

Condition	ICD-10 Code	Consultation or procedure code**	Consultation or procedure description	Quantity required

\* 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.

Kindly attach any relevant supporting documentation, for example pathology tests.

When applying for mental health conditions over and above the sessions provided for, please submit a DSM V form including the GAF (global assessment of functioning) score.

### 3.2. Application for medication

Current medication 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

