KeyCare and Essential Smart application for chronic renal dialysis 2022

Discovery Health Medical Scheme

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66, **www.discovery.co.za**, PO Box 784262, Sandton, 2146,
1 Discovery Place, Sandton, 2196.

Purpose of the form

This form is used to apply for chronic renal dialysis benefits for patients on the KeyCare and Essential Smart plans. Please make sure you are using the most up-to-date form. Download the latest version of all forms from **www.discovery.co.za**, under Medical Aid > Find important documents and certificates.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be signed by the patient and/or treating doctor. The patient and/or treating doctor must sign and date any changes.
- The patient must complete section 1.
- The treating physician or nephrologists must complete section 2 and 3.
- Send the completed and signed form to Discovery Care by email at **chronicqueries@discovery.co.za** or visit **www.discovery.co.za** under Medical Aid > Get Help > Submit a document and follow the guided steps through our Virtual Agent.

Once reviewed we will notify you, as the treating doctor and the patient on our funding decision.

1. Patient details

Title | Initials

Name

Surname

ID or passport number | Membership number

Telephone (H) - | Telephone (W) -

Cellphone -

Email

Signature of patient (if patient is a minor, main member or legal guardian to sign)

Date D D - M M - Y Y Y Y

Please only sign if information is true, complete and correct.

2. Treating doctor's details

Name

Surname

Doctors telephone number - BHF practice number

Proposed facility for chronic renal dialysis

Email

Please note

- The member must be registered on the Chronic Illness Benefit (CIB) for Chronic Renal Disease to be considered for chronic renal dialysis.
- All approved KeyCare and Essential Smart members can enrol on a chronic dialysis programme either in the contracted state facility for KeyCare Start plans or in a relevant network facility. For a comprehensive list of our network facilities, visit **www.discovery.co.za** under Medical Aid > Manage your health plan > Find important documents and certificates.

3. Additional information (treating doctor to complete)

ICD-10 code description

Date when condition was first diagnosed D D - M M - Y Y Y Y

Diagnosis

Diagnosis	Yes	No		Yes	No
Terminal stage of cancer					
Advanced, irreversible progressive disease of vital organs			• Advanced cirrhosis and liver disease		
			• Lung disease		
			• Cardiac, cerebro-vascular or vascular disease		
			• Medically or surgically irreversible coronary artery disease		
			• Unresponsive infections for example HPV, Hepatitis B and C		
HIV and AIDS			• On active antiretroviral treatment		
			• Have access to comprehensive HIV and AIDS treatment		
Psychological conditions			• Active substance abuse or dependency		
			• Any form of mental illness that has resulted in diminished capacity for patients to take responsibility for their actions		

If you have answered "Yes" to any of the above, please provide further detail:

I confirm that I have checked the accuracy of the information supplied in this application. I confirm that I have received the patient's consent to disclose the medical information in this form to the Discovery Health Medical Scheme and the administrator, Discovery Health.

Signature of treating doctor

Date D D - M M - Y Y Y Y

Please only sign if information is true, complete and correct.