

When you submit this form, you are asking us to give you a quotation for a procedure you or a dependant on your medical scheme membership is scheduled to have. This will allow you to compare the costs that your service providers have given you, with what your medical scheme health plan will pay.

## First, you must get an authorisation number

You must get an authorisation number from our preauthorisation department before we can help you with a pre-assessment request. To authorise the procedure, please call **0860 99 88 77**. You will need the following information when you contact the preauthorisation department:

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

Your doctor can give you this information.

## How to submit document

You can submit your documents on the [Discovery website > Medical Aid > Get Help > Ask Discovery > Submit medical aid document](#) and follow the guided steps through Ask Discovery.

### 1. Important information 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 medical scheme health plan will cover. It helps you to understand any financial implications beforehand.
- A pre-assessment is a quote and does not guarantee payment from your medical scheme.

#### 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.
- We need at least seven working days to complete the assessment.

#### A pre-assessment does not replace the authorisation you need from your medical scheme

- This is only a guideline for costs and what the medical scheme may cover according to your plan type and the applicable medical scheme rules.
- Please note that we can only provide you with information on the codes received for this quote. If your doctor changes or adds codes after we issued this quote, you need to ask for an updated quote.

#### We will send a completed assessment letter to you

- Because the information in a pre-assessment form is confidential, we will send the completed assessment letter to you only.
- You must complete your contact details in section 4, even if you have provided these details to us previously.

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

If you need to check or query anything about this application, please call us on **0860 99 88 77**.

### 2. Main member's details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>		
Medical scheme membership number	<input type="text"/>		
Medical scheme name	<input type="text"/>		

### 3. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>
First names	<input type="text"/>		
Surname	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		
Relationship to main member	<input type="text"/>		

### 4. Contact details

How would you prefer to receive the assessment letter?  Email  Post

Postal address

Code

Telephone (H)

Telephone (W)

Cellphone

Email address

### 5. Doctor or healthcare professional's details

Name and surname

BHF practice number

Treating practice number

Telephone number

### 6. Details about the procedure

When will the procedure be done?

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

Please give your medical scheme authorisation number for this procedure

#### Procedure information

Please provide separate rand values for each procedure code. We cannot work with estimated or combined amounts. You can also attach the quotations you received from your healthcare professionals to this form, but please make sure that the practice numbers, procedure codes and rand values are included for every code on the quotation.

#### Codes from your healthcare professional

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

ICD-10 diagnosis code

Practice number	Procedure code	Rand value	ICD-10 Code	Practice number	Procedure code	Rand value

**Please note:**

If your healthcare professional 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.

Signature

(main member to sign if patient is a minor)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---