

Pre-assessment request



Contact details

Tel: 0861 638 633 • PO Box 652509, Benmore 2010 • www.netcaremedicalscheme.co.za

Who we are

Netcare Medical Scheme (referred to as 'the Scheme'), registration number 1584. This is a non-profit organisation, 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). We take care of the administration of your membership for the Scheme.

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

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.
2. To avoid administration delays, please ensure this application is completed in full.
3. Email the completed and signed form to PREASSESSMENT_REQUESTS@netcaremedicalscheme.co.za.

1. Important details about pre-assessments

A pre-assessment is done to enable you to compare the costs your service provider will charge, with the costs your plan option will cover. This does not replace the confirmation of benefits you need from the Scheme.

Please make sure you read and understand the following information about this pre-assessment form. Please remember, this is a quote and does not guarantee payment.

Send the completed form or contact us for any queries.

Please email the completed and signed form to PREASSESSMENT_REQUESTS@netcaremedicalscheme.co.za.

Please include all information for us to quote you.

If you need to check or query anything about the application, please call us on **0861 638 633**.

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

We need to do the pre-assessment before your procedure. If the procedure is in the next seven days, please call us on **0861 638 633** to tell us and we will do our best to ensure we complete the assessment before then.

We will send a completed pre-assessment letter to you.

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

We will send the letter to the preferred communication channel given in the application. If you do not give us an email address or if the details do not belong to you, we will post it to the address we have for you.

2. Main member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>

3. Patient 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"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		<input type="text"/>

Email

Relationship to main member

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

Was a benefit confirmation number requested for the procedure from the Scheme? Yes No

If yes, please provide benefit confirmation number

4. Doctor details

Doctor name

Billing practice number Treating practice number

Contact number Date of treatment

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

If 'Yes' please provide referring practice number

5. Medical details

Procedure information

Please provide separate rand values 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

Healthcare provider/s

Practice number	Procedure code	Rand value
<input type="text"/>	<input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Anaesthetics

Practice number	Procedure code	Time	Rand value
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Signature of main member

Please do not sign an incomplete application form