

# Pre-assessment request



## Contact us

Tel: 0860 100 078 • PO Box 652509, Benmore 2010 • [www.medipos.co.za](http://www.medipos.co.za)

## Who are we

MEDIPOS Medical Scheme (referred to as 'the Scheme'), registration number 1548. This is a not-for-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.

When you sign this form, you are requesting MEDIPOS to provide you with a quotation for a procedure you or a dependant is scheduled to have. This will enable you to compare the costs that your service providers have given you, with what your benefit option will pay.

## Please note:

You need to obtain an authorisation number before we can assist you with a pre-assessment request. To authorise the procedure, please call **0860 100 078**. You will need the following information when requesting an authorisation:

- Date of service
- Treatment and ICD-10 codes
- Practice numbers for the hospital and the treating provider

Your healthcare provider can provide you with this information.

If you have any questions, please let us know. Once we have assessed your request, we will provide you with a pre-assessment letter.

## How to complete this form

1. Please complete the form digitally or print clearly in black ink.
2. To avoid unnecessary delays, please:
  - complete all sections. We cannot provide you with a pre-assessment if section 5 is not completed.
  - include all information, especially the authorisation number.
3. Email the completed and signed form to [preassessment.requests@medipos.co.za](mailto:preassessment.requests@medipos.co.za).

## 1. Important details about pre-assessments

### A pre-assessment helps you 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 charges with the costs that your benefit option will cover.

- It helps you understand any financial implications beforehand.
- A pre-assessment is a quote and does not guarantee payment.

### 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 and we have issued an authorisation.
- We need at least two working days to complete the assessment.

### A pre-assessment does not replace the authorisation you need from the Scheme

- This is only a guideline for costs and what the Scheme will pay according to your benefit option and Scheme rules – you still need to obtain the relevant authorisation before the procedure is done.
- Please note that if your healthcare provider changes or adds codes to this invoice, the Scheme will not accept any responsibility for differences in cover.

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

- Because the information in a pre-assessment form is confidential, we will only send the completed assessment letter to you.
- We will send the completed assessment letter using the preferred communication channel given in this form. If you do not give us an email address or if the details do not belong to you, we will send it to the email address we have on record for you.

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

If you need to check or query anything about this request, please call us on **0860 100 078**.

## 2. Main member's details

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

## 3. Patient'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"/>	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. Healthcare provider's details

Name and surname	<input type="text"/>		
Billing practice number	<input type="text"/>	Treating practice number	<input type="text"/>
Speciality	<input type="text"/>		
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		

## 5. Details about the procedure

When will procedure be done?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where will the procedure be done?	In hospital or day clinic	<input type="checkbox"/>	Other facility instead of in hospital	<input type="checkbox"/>			
Please provide the authorisation number for this procedure	<input type="text"/>						

### Procedure information

Please provide a separate Rand value 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 refer to the same procedures and products. Please provide the ICD-10 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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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