

Pre-assessment request

Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547. 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 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. Fax the completed and signed form to **011 539 1044** or email it to **preassessment_requests@malcormedicalaid.co.za**

1. Important details about pre-assessments

A pre-assessment is done to enable you to compare the costs your service provider charged with the costs your chosen health plan 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. Payment is subject to available benefits and limits applicable to certain benefits and services.

Send the completed form or contact us with queries

Please send us the completed and signed form, by fax to **011 539 1044** or email it to **preassessment_requests@malcormedicalaid.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 0860 100 698.

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

We need to do the pre-assessment before your procedure. If the procedure is due in the next seven days, please call us on 0860 100 698 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 given in the application. If you do not give us an email address or fax number or if the details do not belong to you, we will post it to the address we have for you.

2. Main member details

Title	<input type="text"/>	Initials	<input type="text"/>	First name/s (as per identity document)	<input type="text"/>
Surname	<input type="text"/>	Membership number	<input type="text"/>		
Postal address	<input type="text"/>				
	<input type="text"/>				
				Code	<input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	Work	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>				

3. Patient details

Title Initials First name(s) (as per identity book)

Surname

How would you prefer to receive this letter? Email Fax Post

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 or healthcare professional's details

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 the referring doctor's 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 professional

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 Professional/s

Practice number	Procedure code	Rand value

Anesthetics

Practice number	Procedure code	Time	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.

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.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of main member

Please do not sign an incomplete application form