Application for out-of-hospital treatment of a Prescribed Minimum Benefit condition 2025

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 to apply for out-of-hospital treatment of a Prescribed Minimum Benefit condition.

What you must do

- Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers on **www.discovery.co.za**, under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the patient.
- Your healthcare professional must complete section 2.1, 2.2, 2.3, 2.4 and section 3 to apply for treatment for a Prescribed Minimum Benefit.
- Please include detailed documentation to support your application.
- You can email the signed form with any supporting documentation to **PMB_APP_FORMS@discovery.co.za,** or 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.
- You will receive an email informing you of our decision and the process you should follow.

1. Patient details

Title	Mrs	Initials	N
First name(s)	Nadene		
Surname	Lindhorst		
Preferred name			
Gender	M ☐ F ✓	Date of birth	06 05 1998
ID or passport number	8105060250080		
Membership number	2604808 21	Telephone (H)	
Telephone (W)		Cellphone	072 7298152
Email	nadenelindhorst@gmail.com		

Nominate a primary care provider to manage your chronic condition(s)

There is overwhelming medical evidence that patients experience improved health outcomes when their primary care is coordinated through a single primary care GP. In line with this best practice, starting 1 January 2024, you and your dependants need to nominate a primary care GP for the effective management of your chronic conditions.

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation at 100% of the Discovery Health Rate (DHR). If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will be responsible for any co-payments. You and your dependants can change your nomination three times every calendar year.

Nominate your GP or manage your existing nomination **here** or access the following path **https://www.discovery.co.za** > Medical aid > Nominate a primary care GP.

Patient's acceptance and permission

I give permission for my healthcare provider to provide Discovery Health Medical Scheme and the administrator with my diagnosis and other relevant clinical information required to review my application. I agree to my information being used to develop registries. This means that you give permission for us to collect and record information about your condition and treatment. This data will be analysed, evaluated and used to measure clinical outcomes and make informed funding decisions.

I understand that:

1. Funding from the Prescribed Minimum Benefit (PMB) is subject to meeting benefit entry criteria as determined by Discovery Health Medical Scheme.
2. The Prescribed Minimum Benefit (PMB) provides cover for disease-modifying therapy only, which means that not all medicines for a listed condition are automatically covered by Prescribed Minimum Benefits (PMBs).
3. By registering for Prescribed Minimum Benefits (PMBs), I agree that my condition may be subject to disease management interventions and periodic review and that this may include access to my medical records.
4. Funding for treatment from Prescribed Minimum Benefit (PMB) will only be effective from when Discovery Health Medical Scheme receives an application form that is completed in full.
5. An application form needs to be completed when applying for a new Prescribed Minimum Benefit (PMB) condition.
6. If I am approved on the benefit, I need to let you know when my treating doctor changes my treatment plan so that you can update my Prescribed Minimum Benefit (PMB) authorisation/s. I can do this by emailing the new prescription to you or asking my doctor or pharmacist to do this for me.
7. For my claims to be paid from the correct benefit, I need the claims from my healthcare professional to be submitted with the relevant ICD-10 diagnosis code(s). I will ask my doctor to include my ICD-10 diagnosis code(s) on the claims they submit and on the form that they complete when they refer me to the pathologists and/or radiologists for tests. This will enable the pathologists and radiologists to include the relevant ICD-10 diagnosis code(s) on the claims they submit, ensuring that you pay my claims from the correct benefit.

Consent for processing my personal information

I give the Scheme and the administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for the Prescribed Minimum Benefits (PMB). I consent to the Scheme and the administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my healthcare provider and to relevant third parties, to administer the Prescribed Minimum Benefits (PMB) as well as undertake managed care interventions related to the benefit. You can view and read our Privacy Statement on **www.discovery.co.za** > Medical aid > About Discovery Health Medical Scheme.

Consent withdrawal for your Disease Management Benefits

Withdrawing consent for your general, personal, medical or clinical information to be accessed or shared with relevant third parties, means that you will no longer have access to funding from the applicable disease management benefits. Claims which would usually be funded from the disease management benefits will, once consent is withdrawn, be funded from other available benefits according to the rules of your plan. Should you wish to continue with the consent withdrawal process, then please call **0860 99 88 77**.

Signature of patient 

(if patient is a minor, main member to sign)

Date D D M M Y Y Y Y

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

2. Application (healthcare professional to complete)

Please complete the table below where the request is for further cover or for consultations or procedures not included in the treatment basket.

Date of diagnosis D 1 D 5 M 0 M 5 Y 2 Y 0 Y 2 Y 5

2.1 Application for out-of-hospital treatment

Condition	ICD-10 code	Consultation or procedure code	Consultation or procedure description	Quantity required	Motivation
Major Depressive	F32.9	86205	Psychotherapy assessment,	15	Patient requires
Disorder, Unspecified			counselling &/or consultation		ongoing therapy

The professional billing codes must be supplied for us to review the application.

Please attach any relevant supporting documents, for example pathology tests.

Applications for psychotherapy:

- If the application is for psychotherapy treatment for members younger than 13 years of age, the Scheme will require the latest Diagnostic and Statistical Manual of Mental Disorders (DSM V) form including the World Health Organisation Disability Assessment Schedule - Children and Youth version (WHODAS-Child) form
- Date of first psychotherapy session D 1 D 5 M 0 M 5 Y 2 Y 0 Y 2 Y 5

- Internet-based Cognitive Behavioural Therapy (iCBT) has been demonstrated to be a helpful adjunct to treatment for people with Major Depression*. An iCBT course is included in the treatment basket for Major Depression for all members of participating schemes who are 18 years and older. iCBT will be funded as one (1) psychotherapy consultation from the member's Out-of-Hospital Treatment of a Prescribed Minimum Benefit, where PMB funding is approved. Qualifying members will be alerted that they have access to an iCBT course.

  Please indicate on the form below if you feel that information on iCBT should not be shared with this member.
  This member should not receive information on iCBT ☐

  If no preference is indicated, the member will be given more information on the iCBT course.
  *ICD-10 codes: F32.2; F32.3; F32.8; F32.9; F33.0; F33.1; F33.2; F33.3; F33.4; F33.8; F33.9, F34.0; F34.1; F53.1; F53.8; F53.9

2.2 Application for medicine

Current medicine required (please provide supportive clinical results or information, where necessary)

Condition	ICD-10 code	Medicine name, strength and dosage	Consultation or procedure description	How long has the patient used this medicine?	
				Years	Months
N / A					

2.3 Application for radiology

Condition	ICD-10 code	Procedure code	Procedure description	Quantity required
N / A				

2.4 Application for pathology

Condition	ICD-10 code	Procedure code	Procedure description	Quantity required
N / A				

3. Healthcare professional's details (healthcare professional to complete)

First name: Daniella

Surname: Ferrucci

BHF practice number: 0 8 7 1 3 5 4

Speciality: Psychologist (Counselling)

Telephone: 0 7 1 4 8 7 8 1 3 2

Email: psychologist@daniellaferrucci.com

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Notes to Healthcare Professional

3.1. Please ensure that the relevant ICD-10 diagnosis code(s) are used when you submit your claims to the Scheme to ensure payment from the correct benefit.

3.2. Please include the ICD-10 diagnosis code(s) when referring your patient to the pathologists and/or radiologists. This will enable the pathologists and radiologists to include this information on their claims and allow us to pay claims correctly.

3.3. We will approve funding for medicine as per a defined list of medicine applicable to this benefit.

3.4. Please submit all the requested supporting documents with this application to prevent delays in the review process.

3.5. Should you make changes to your patient's treatment plan, you need to let us know so that we can update their authorisation/s. You can do this by emailing the new prescription to us. If you or your patient do not let us know about changes to the treatment plan, we may not pay claims from the correct benefit.

Signature of healthcare professional



Date D 1 5 M 0 5 Y 2 0 2 5

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