LA KeyPlus application for Chronic Renal Dialysis



Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

Please ensure all sections are completed in full by your treating physician or nephrologists.

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, 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.

1. Patient's details: con	npulsory to complete
Patient name and surname	
Membership number	
Telephone	Fax Image: Constraint of the second sec
Email	
Scheme and Discovery Health administer my benefits. I agree	Scheme and Discovery Health (Pty) Ltd disclosing from time to time, information supplied to LA Health Medical (Pty) Ltd (including general or medical information that is relevant to my application) to my healthcare provider, to e that LA Health Medical Scheme or Discovery Health (Pty) Ltd may disclose this information at its discretion but only red have agreed to always keep the information confidential.
Signature of patient (if patient is a minor, main membe	Date Y Y Y M M D D
2. Treating doctor's det	ails: compulsory to complete
Treating doctor	Practice number
Preferred contact telephone n	umber
Proposed centre for Chronic Re	enal Dialysis Practice number
Email	
Please note that the criteria lis as published by the Departme Please note all approved mem	must be registered on our Chronic Illness Benefit for Chronic Renal Disease to be considered for chronic renal dialysis. sted below are exclusion criteria for chronic renal dialysis and are based on the Guidelines for Chronic Renal Dialysis nt of Health on 3 March 2009. bers can enroll on a chronic dialysis programme either in the state sector or in a network facility. If no network facility um Benefit rules will allow the patient to receive dialysis out of network.

Signature

Date Y Y Y M M D D

I confirm that I have checked the accuracy of the information supplied in this application.

3. Additional information: compulsory to complete		
ICD-10 code Diagnosis description		
Date when condition was first diagnosed		
	Yes	No
1. Terminal stage of cancer		
2. Advanced, irreversible progressive disease of vital organs		
If "Yes" what kind of disease:		
Cardiac, cerebro vascular or vascular disease		
Advanced cirrhosis and liver disease		
Medically or surgically irreversible coronary artery disease		
Lung disease		
Unresponsive infections for example HPV, Hepatitis B and C		
3. HIV / AIDS		
If "Yes" then does the patient:		
Have access to a comprehensive HIV/AIDS treatment plan		
Have access to anti-retroviral treatment		
Has the patient been stable for the last six months		
4. Does the patient suffer from any psychological problems		
If "Yes" please specify:		
• Any form of mental illness that has resulted in diminished capacity for patients to take responsibility for their actions		
Active substance abuse or dependency		

Please email this form to DiscoveryCare on chronicqueries@discovery.co.za or fax it to 011 539 7004.

Once reviewed we will notify the member and yourself on our decision on chronic dialysis benefits.