

Contact details

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

Oncology motivation form

Please complete this form and return it to the Oncology Department on fax number **011 539 5417** or email it to **mmd_oncology@discovery.co.za** to make sure you get a quick reply about your treatment request. Oncology call centre **0860 103 933**.

Patient details

Surname

First name

Member number Date of birth

Member telephone number

Attending doctor Practice number

Doctor contact person

Telephone Fax

Patient history

Proposed treatment	Treatment intent
Chemotherapy First line <input type="checkbox"/> Second line <input type="checkbox"/> Third Line <input type="checkbox"/>	Curative/Radical <input type="checkbox"/>
Hormone manipulation <input type="checkbox"/>	Palliation <input type="checkbox"/>
Radiotherapy <input type="checkbox"/>	Neo-adjuvant <input type="checkbox"/>
Other (specify) <input type="checkbox"/>	Adjuvant <input type="checkbox"/>
Supporting documents attached:	Remission induction <input type="checkbox"/>
• For radiation therapy: Professional and machine charge codes <input type="checkbox"/>	Remission consolidation <input type="checkbox"/>
• For off-label or unregistered drugs: Motivation and supporting literature <input type="checkbox"/>	Maintenance <input type="checkbox"/>
• Request growth factor and erythropoitin/hereceptin to be accompanied by FISH test result. Motivation and appropriate blood test results <input type="checkbox"/>	
• For lymphoma, a histology report <input type="checkbox"/>	

Primary cancer ICD-10 code

Secondary cancer ICD-10 code ICD-10 code

Metastases Lung Brain Bone Liver Other

Histology

Grade

Disease stage T N M Other

Performance status 0 1 2 3 4

Weight <input type="text"/> <input type="text"/> <input type="text"/> kg		
Dates	Previous treatment	Outcome (compulsory)

Patient's name and surname

Membership number

Treatment plan

Radiation therapy

Start date

Chemotherapy and supporting drugs

Start date

	Drug	Dose	Route	Planned cycles	Frequency	Cost per cycle	Nappi code x 9 numbers
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total cost per cycle R

Total cost R

Please supply written motivation and supporting literature if off-label or unregistered chemotherapy is being prescribed. Requests for growth factor and Erythropoetin must be accompanied by relevant motivation and blood test results.

Facility

Out patient Practice number

In-hospital Hospital name Practice number

Indication for hospitalisation

Please advise all the relevant practice numbers if the bill will be split between the health care professional and the machine costs.

For oncology billing purposes:

Health professional practice number Facility practice number

Additional comments

Signature of doctor

Date

Note: Routine related investigations (pathology, radiology) and consultations will generally be funded from the member's Medical Savings Account, subject to available funds, if applicable.

Funding for any treatment, and/or investigations, is subject to the rules of LA Health Medical Scheme and the member's Benefit Option. Turnaround time for response is 48 hours **once all relevant** information has been received. Only authorised treatment will be funded.