

Screening Benefit: exception form

Contact details

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Who we are

LA Health Medical Scheme (referred to as 'LA Health'), registration number 1145, is the medical scheme that you are a member of. 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.

Purpose of the form

You complete this form to manage an exception process for the manual capturing of Screening Assessment metrics for members outside of South Africa and members within South Africa who do not have access to healthcare providers in the Scheme's provider Network.

Please make sure you are using the most up-to-date form. Download the latest version of all forms from www.lahealth.co.za > Find a document.

How to complete this form

This form must be completed and emailed to healthchecks@discovery.co.za.

1. Healthcare Professional details

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>								
Surname	<input type="text"/>								
Practice/registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>								

2. Member details

Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>								
Surname	<input type="text"/>								
Email	<input type="text"/>								

3. Screening for adults (18 years and older)

Blood pressure	Systolic	<input type="text"/>	<input type="text"/>	Diastolic	<input type="text"/>	<input type="text"/>
Body Mass Index	Height	<input type="text"/>	cm	Weight	<input type="text"/>	kg
	Abdominal circumference	<input type="text"/>	cm			
Blood glucose	Random glucose	<input type="text"/>	mmol/l	HbA1c	<input type="text"/>	%
Cholesterol	Total cholesterol	<input type="text"/>	mmol/l	HDL	<input type="text"/>	%
	LDL	<input type="text"/>	mmol/l	Triglycerides	<input type="text"/>	mmol/l

4. Screening for children (2 - 18 years old)

Blood pressure	Systolic	<input type="text"/>	Diastolic	<input type="text"/>								
Body Mass Index	Height	<input type="text"/>	cm	Weight	<input type="text"/>	kg						
	Abdominal circumference	<input type="text"/>	cm									
Healthcare provider signature	<input type="text"/>					Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>