

2. Application (doctor to complete) (continued)

Date of diagnosis Treatment start date Treatment end date

2.1 Application for acute and/or ongoing out-of-hospital medical management*

Condition	ICD-10 code	Consultation or procedure code**	Motivation	Quantity

*Please clearly specify what is required, for example consultations, pathology, radiology and/or procedure.

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

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

2.2 Application for medicine

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

Condition	ICD-10 code	Medicine name, strength and dosage	Number of months

2.3 Application for radiology

Condition	ICD-10 code	Description of investigation	Quantity per year

2.4 Application for pathology

Condition	ICD-10 code	Description of investigation	Quantity per year

3. Doctor's details (doctor to complete)

Name

Practice number

Fax

Email address

Doctor's signature

Date

4. Disclaimer

The doctor's fee for completion of this form will be reimbursed on code 0199, on submission of a separate claim. Payment of the claim is from the Medical Savings Account (if applicable to the member's benefit option), subject to LA Health Medical Scheme rules and availability of funds.

In line with legislative requirements, please ensure that when using code 0199, you submit the ICD-10 diagnosis code(s). As per industry standards, the appropriate ICD-10 code(s) to use for this purpose would be those reflective of the actual Prescribed Minimum Benefit condition(s) for which the form was completed. If multiple Prescribed Minimum Benefit conditions were applied for, then it would be appropriate to list all the relevant ICD-10 codes.