Pre-assessment request

LA Health
Powered by Discovery

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

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.

When you sign this pre-assessment request, you confirm that the information provided is true and correct.

When you sign this form, you are requesting LA Health Medical Scheme to provide you with a quotation for a procedure you or a dependant is scheduled to have. This will enable you to compare the costs that your service providers have given you, with what your benefit option will pay.

Please note: You need to obtain an authorisation number from the preauthorisations department first before we can assist you with a preassessment request. To authorise the procedure, please call 0860 103 933. You will need the following information when you contact our preauthorisations department:

- Date of service
- Treatment and ICD-10 codes
- Practice numbers for the hospital and the treating doctor

Your doctor can provide you with this information. If you have any questions, please let us know. Once we have assessed your request, we will give you a quote letter.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid unnecessary delays, please
   – complete all sections. We cannot provide you with a pre-assessment if section 5 is not completed.
   – include all information, including the authorisation number.
3. Fax the completed and signed form to 011 539 1044 or email it to PREASSESSMENT_REQUESTS@discovery.co.za

1. Important details about pre-assessments

A pre-assessment helps you to understand your cover and any shortfalls you may have to pay

- With a completed pre-assessment, you are able to compare the costs that your service provider charged with the costs that your benefit option will cover.

It helps you to understand any financial implications beforehand.

- A pre-assessment is a quote and does not guarantee payment.

A pre-assessment is done on request and you need to ask for it before having the procedure

- We will only do a pre-assessment before the procedure is done and we have issued an authorisation.
- We need at least seven working days to complete the assessment.

A pre-assessment does not replace the authorisation you need from the Scheme

- A pre-assessment is only a guideline for costs and what the Scheme will pay according to your benefit option and Scheme Rules – you still need to obtain the relevant authorisation before the procedure is done.
- Please note if your doctor changes or adds codes to this quote, the Scheme will not accept any responsibility for differences in cover.

We will send a completed assessment letter to you

- Because the information in a pre-assessment form is confidential, we will send the completed assessment letter to you only.
- We will send the completed assessment letter using the preferred communication channel given in this form. If you do not give us an email address or fax number, or if the details do not belong to you, we will post the completed assessment to the address we have on record for you.

Contact us if you have any questions about this pre-assessment form
If you need to check or query anything about this application, please call us on **0860 103 933**.

2. Patient details

Title | Initials | First name/s (as per identity document)

Surname | Membership number

Postal address

LHPR001

Code

Telephone (H) (W)

Cellphone Fax

Email

3. Patient details

Title Initials First name/s (as per identity book)

Surname Membership number

How would you prefer to receive this letter? Email Fax Post

Relationship to main member

Will the procedure be done in- or out-of-hospital? In Out

Was a benefit reference number requested for the procedure from the Scheme? Yes No

If yes, please provide benefit reference number

4. Doctor or healthcare professional's details

Name

Billing practice number Treating practice number

Contact number Date of treatment Y Y Y Y M M D D

Have you been referred for this treatment/procedure by another doctor? Yes No

If 'Yes" please provide referring practice number

5. Details about the procedure

When will procedure be done? D D M M Y Y Y Y

Where will the procedure be done? In hospital or day clinic Other facility instead of in hospital

Please give authorisation number for this procedure

Procedure information
Please provide a separate rand value for each procedure code. We will not be able to assess estimated or combined amounts.

Treatment from your healthcare professional
We need the treatment and procedure codes to make sure we all refer to the same procedures and products. Please provide the ICD-10 diagnosis code and all the procedure and product codes.

(An ICD-10 code describes your diagnosis and contains numbers and letters, for example Tonsillitis could be coded as J35.0. An ICD-10 code may be 3, 4 or 5 characters in length. Procedure codes are 4-5 digits long and product codes are 6-9 digits long).

ICD-10 diagnosis code:

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Practice number	Procedure code	Rand value		Practice number	Procedure code	Rand value

Signed at (town or city) _____ on _____

Signature of main member _____

Please do not sign an incomplete application form