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 not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

1. Patient's details: compulsory to complete

Patient name and surname

Membership number

Telephone

Email

I consent to LA Health Medical Scheme and Discovery Health (Pty) Ltd disclosing from time to time, information supplied to LA Health Medical Scheme and Discovery Health (Pty) Ltd (including general or medical information that is relevant to my application) to my healthcare provider, to administer my benefits. I agree that LA Health Medical Scheme may disclose this information at its discretion but only as long as all the parties involved have agreed to always keep the information confidential.

Signature of main member

Date D D M M Y Y Y Y

2. Treating doctor's details: compulsory to complete

Treating doctor

Practice number

Preferred contact telephone number

Proposed centre for Chronic Renal Dialysis

Practice number

Email

Please note that the member must be registered on our Chronic Illness Benefit for Chronic Renal Disease to be considered for chronic renal dialysis.

Please note that the criteria listed below are exclusion criteria for chronic renal dialysis and are based on the Guidelines for Chronic Renal Dialysis as published by the Department of Health on 3 March 2009.

Please note all approved members can enroll on a chronic dialysis programme either in the state sector or in a network facility. If no network facility exists, then Prescribed Minimum Benefit rules will allow the patient to receive dialysis out of network.

Signature

Date D D M M Y Y Y Y

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

Datewhen condition was first diagnosed D D M M Y Y Y Y

1. **Terminal stage of cancer** Yes No

2. **Advanced, irreversible progressive disease of vital organs** Yes No

If “Yes” what kind of disease:

- Cardiac, cerebro vascular or vascular disease Yes No
- Advanced cirrhosis and liver disease Yes No
- Medically or surgically irreversible coronary artery disease Yes No
- Lung disease Yes No
- Unresponsive infections for example HPV, Hepatitis B and C Yes No

3. **HIV/AIDS** Yes No

If “Yes” then does the patient:

- Have access to a comprehensive HIV/AIDS treatment plan Yes No
- Have access to anti-retroviral treatment Yes No
- Has the patient been stable for the last six months Yes No

4. **Does the patient suffer from any psychological problems c** Yes No

If “Yes” please specify:

- Any form of mental illness that has resulted in diminished capacity for patients to take responsibility for their actions Yes No
- Active substance abuse or dependency Yes No

Please email this form to DiscoveryCare on **chronicqueries@discovery.co.z**a or fax it to **011 539 7004.**
Once reviewed we will notify the member and yourself on our decision on chronic dialysis benefits.