

External Medical Items Extender Benefit Application form

LA Comprehensive

Contact details

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

Who are we

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.

We update this form from time to time. The latest version of the application form is available on www.lahealth.co.za or from the call centre at **0860 103 933**. Healthcare professionals can call **0860 44 55 66** to request one.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Section 1 of the application form must be completed by the main member.
3. Your healthcare professional must complete Sections 2 and 5, and sign Sections 6 and 7 of the form.
4. The application form must be accompanied by an assessment report from an Occupational Therapist or Physiotherapist and a quotation for the required external medical equipment.
5. Email the completed form to clinicalhelp@lahealthms.co.za.

1. Patient information (to be completed by the member)

Title	<input type="text"/>									
Surname	<input type="text"/>									
First name/s	<input type="text"/>									
Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	ID or passport number	<input type="text"/>				
Membership number	<input type="text"/>									
Telephone (H)	<input type="text"/>				Telephone (W)	<input type="text"/>				
Cellphone	<input type="text"/>									
Email	<input type="text"/>									

The outcome of this application can be communicated to me by email Yes No

Patient's signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(if patient is a minor, main member to sign)

I acknowledge that I have read and understood the conditions under Member's declaration (section 3).

2. Doctor's details

Name and surname	<input type="text"/>										
BHF practice number	<input type="text"/>					Speciality	<input type="text"/>				
Telephone (W)	<input type="text"/>										
Email	<input type="text"/>										

3. Member's declaration

I give permission for my healthcare professional to provide LA Health Medical Scheme with my diagnosis and other relevant clinical information required to review my application for the External Medical Items Extender Benefit. I consent to LA Health Medical Scheme and Discovery Health (Pty) Ltd disclosing from time to time, information supplied (including general or medical information that is relevant to my application) to my healthcare provider, to administer my benefits. I agree that the 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.

I understand that:

- 3.1. Funding from the External Medical Items Extender Benefit is subject to benefit entry criteria.
- 3.2. This application will be assessed on its own merit.
- 3.3. By applying for benefits from the External Medical Items Extender Benefit, I agree that my condition may be subject to disease management interventions and periodic review, which may include access to my medical records.

Patient's Signature

(if patient is a minor, main member to sign)

Date

D	D	M	M	Y	Y	Y	Y
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4. Entry criteria for the External Medical Items Extender Benefit

- 4.1. If you are registered on the LA Comprehensive Option you may qualify for cover from the External Medical Items Extender Benefit if your annual External Medical Items (EMI) Benefit has been depleted.
- 4.2. All cases will be reviewed on individual merit and on a case-by-case basis with severity of the condition and disability taken into consideration.
- 4.3. This is a stated benefit of the Scheme – there can be no precedent setting when we grant a registered benefit to a member. We say the benefits are subject to criteria.

List of qualifying conditions (subject to entry criteria):

- Hemiplegia and Paraplegia
- Quadriplegia (tetraplegia)
- Cerebral Palsy
- Motor neuron Disease
- Parkinson's disease (and other movement disorders of the basal ganglia)
- Multiple sclerosis (and other demyelinating CNS disorders)
- Connective Tissue Disorder
- Severe injuries resulting in severe disabilities
- Spinal-muscular atrophy

Product categories funded through the External Medical Items Extender Benefit

- Wheelchairs
- Standard wheelchairs
- Lightweight wheelchairs
- Motorised wheelchairs
- Specialised positioning wheelchairs
- Wheelchair accessories e.g. cushions, Arm rests, Foot rests, Side panels, etc.
- Hoists
- Standing frames
- Scooters

5. Condition (to be completed by healthcare professional)

ICD-10	Diagnosis description	Date when condition was first diagnosed

6. Additional clinical information (to be completed by healthcare professional)

7. External Medical Item required (to be completed by healthcare professional)

NAPPI or SAOPA code	Description

***NB: Please attach quotation**

8. Notes to Doctor

- 8.1. 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 subject to Scheme rules and availability of funds and where the member is a valid and active member at the service date of the claim.
- 8.2. 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 condition/s for which the form was completed.
- 8.3. The completed form may be emailed to clinicalhelp@lahealthms.co.za.

Doctor's signature

Date

D	D	M	M	Y	Y	Y	Y
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