medihelp
Medical Aid in Action

Application for prescribed minimum benefits

(Excluding the 26 conditions on the Chronic Diseases List)

Instructions

1. This form should be completed by the treating **medical practitioner**.
2. This form is only applicable to the 271 diagnosis and treatment pairs (DTP) as determined by the Department of Health.
3. Email the completed and signed application to preauth@medihelp.co.za.
4. Please remember to attach the applicable diagnostic reports (pathology or radiology) and quotations if applicable. Reports must be clear and readable. Please note that approval is subject to entry criteria and protocols.
5. Incomplete application forms will not be processed.
6. If you have any enquiries please phone the Medihelp Customer Care centre on **086 0100 678**.
7. The Customer Care centre is available Mondays to Thursdays from 7:00 to 17:00 and Fridays from 8:00 to 16:00.
8. Clinical queries from medical practitioners will be handled Mondays to Thursdays from 7:30 to 16:00 and Fridays from 8:00 to 16:00.

1. Details of principal member

Surname ____________________

Initials ____________________

Membership number | | | | | | | |

2. Details of patient

Surname ____________________

Initials ____________________

Date of birth y y y y m m d d

3. Details of medical practitioner

Initials and surname ____________________

Practice number ____________________

Telephone ____________________

Email address ____________________

I declare that to the best of my knowledge, all the information provided in the section below is true and accurate. I acknowledge that Medihelp can only make informed reimbursement decisions if supplied with all relevant information regarding the patient's condition.

Signature ____________________ Date 2 0 y y m m d d

Initials and surname of member ______________________________

Name of patient ______________________________

Membership number | | | | | | | |

4. **Details of procedure** (to be completed by the medical practitioner)

ICD-10 code (compulsory)	PMB code (compulsory)	Tariff codes	Quantity requested

Signature

Date 2 0 y y m m d d