

# Oncology PMB application form

Request for additional cover from the Prescribed Minimum Benefits



## 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 (registration number 1997/013480/07), (referred to as 'the administrator') administers LA Health Medical Scheme. The administrator is a separate company and an authorised financial services provider.

Patient's name and surname

Membership number

### How to complete this form

Please sign the form and ensure that all the relevant information required, as set out in the form is completed, including contact details for the provider and date of request.

1. Please use one letter per block, complete in black ink and print clearly.
2. Please complete this form if you wish to apply for additional cover for the diagnosis of, medicine for, or out-of-hospital management of a Prescribed Minimum Benefit (PMB) condition.
3. You (the member) must complete Section 1 of this form.
4. Your doctor must complete Section 2 and Section 3, and include detailed documents supporting your application.
5. Please fax this completed and signed form with any support documentation to **011 539 5417** or post it to **LA Health Medical Scheme, Oncology, PO Box 784262, Sandton, 2146.**
6. You will receive a letter informing you of our decision and the process to follow for approved requests.
7. You may call us if you would like to lodge a formal dispute to a declined appeals decision.

### 1. About yourself (main applicant)

Title  Initials  Surname

ID number

Membership number  Date of birth

Postal address   
  
  
 Code

Telephone (H)   (W)

Cellphone   Fax

Email address

Name of patient or dependant

May we communicate your information to you by: email  or fax

Has your treatment been approved on the Oncology Benefit? Yes  No

If yes, your doctor must list the condition for which your treatment has been approved on the next page.

Patient's signature  
(if patient is a minor, main member to sign)

Date

