ANGLOVAAL GROUP MEDICAL SCHEME

Administered by Discovery Health

Contact details
Tel: 0860 100 693 • PO Box 652509, Benmore 2010 • www.avgms.co.za

Pre-assessment request

Who we are
The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, 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 information provided is true and correct.
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 health plan 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
- This is only a guideline for costs and what the Scheme will pay according to your plan type and Scheme Rules – you still need to obtain the relevant authorisation before the procedure is done.
- Please note that we will only pay for the codes received according to this quote. If your doctor changes or adds codes to this quote, we cannot accept any responsibility for the difference 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 it to the address we have on our records 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 100 693.

2. Main member details

Title ________ Initials ________

First name/s (as per identity document) ________

Surname ________

Membership number ________

Postal address ________

____

________ Code ________

Telephone (H) ________ (W) ________

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Please note that this form expires on 31/03/2022. Up to date forms are available on www.avgms.co.za.

Cellphone Fax

E-mail address

3. Patient details

Title Initials

First name/s (as per identity document)

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 confirmation number requested for the procedure from Anglovaal Group Medical 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 D D M M Y Y Y Y

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 cannot work with estimated or combined amounts.

Codes from your healthcare professional

We need the 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:

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

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Please note:
If your healthcare professional gave you more codes than there are lines available on this form, you can attach extra pages. If you do add a page, it is very important that you include the practice number, codes and rand values for every code.
You can also attach the quotations you received from your healthcare professionals to this form, but please make sure that the practice numbers, procedure codes and rand values are included for every code on the quotation.

Signed at (town or city) ____________ on D D M M Y Y Y Y

Signature of main member ____________

Please do not sign an incomplete form