Allied, Therapeutic and Psychology Extender Benefit application form 2024

Executive and Comprehensive Plans only

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

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.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, **www.discovery.co.za**, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196**.**

Purpose of the form

This application form is for members on the Executive and Comprehensive Plans to apply for extended allied, therapeutic and psychology cover. Please make sure you are using the most up-to-date form. Download the latest version of all forms from **www.discovery.co.za**, Medical Aid > Find documents and certificates.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally. You can access a list of the approved digital signature providers on **www.discovery.co.za**, under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must signed by the patient.
- Take the application form to your healthcare professional to complete section 2, section 5 and sign section 6.
- You can email it to **clinicalhelp@discovery.co.za**.

1. Patient details

Title | Initials

First name(s)

Surname

Gender M F | ID or passport number

Member number

Telephone (H) | Telephone (W)

Cellphone

Email

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

Date D D M M Y Y Y Y

I acknowledge that I have read and understood the conditions under "Notes to patient" (section 3)

2. Medical doctor or healthcare professional (as noted under the benefit entry criteria) details

First name(s)

Surname

BHF practice number

Speciality

Telephone (W)

Email

The outcome of this application will be sent to you by email.

3. Notes to patient

I give permission for my healthcare professional to provide Discovery Health Medical Scheme and the administrator with my diagnosis and other relevant clinical information required to review my application for the Allied, Therapeutic and Psychology Extender Benefit.

I understand that:

1. Cover from the Allied, Therapeutic and Psychology Extender Benefit is subject to meeting benefit entry requirements as determined by Discovery Health Medical Scheme.
2. Cover for the Allied, Therapeutic and Psychology Extender Benefit is effective from when Discovery Health Medical Scheme receives a completed and signed application form. No backdating of cover will take place.
3. The outcome of the decision will be sent via email to the patient's email address as noted under section 1- patient details.
4. The Allied, Therapeutic and Psychology Extender Benefit only covers clinically indicated services from biokineticists, chiropractors, occupational therapists, physiotherapists, psychologists, social workers (on the mental health network), speech and hearing therapists (speech-language therapists and audiologists). We will not consider cover for both a chiropractor and physiotherapist for the same condition. We will not consider cover for both a psychologist and social worker for the same condition.
5. The Allied, Therapeutic and Psychology Extender Benefit will allow claims for specified allied healthcare professionals to pay from day- to-day benefits without accumulation of these claims towards the Annual Allied, Therapeutic and Psychology Benefit Limit.
6. The Allied, Therapeutic and Psychology Extender Benefit provides cover as per my plan type and selected payment options. Once in the Above Threshold Benefit, all of the specified allied claims will pay at 100% of the Discovery Health Rate subject to benefit entry criteria for approved clinically appropriate and evidence-based healthcare for certain conditions, and for a defined list of allied, therapeutic and psychology healthcare services.
7. The Allied, Therapeutic and Psychology Extender Benefit only covers the allied healthcare claims for the dependant registered for the benefit.
8. I may need to send an updated or new application form, if required by Discovery Health.
9. Consent for processing my personal information:
   - 9.1. I give the Scheme and Administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application.
   - 9.2. I understand that this information will be used for the purposes of applying for and assessing my funding request for additional allied, therapeutic and psychology services.
   - 9.3. I give permission to the Scheme and the administrator to share my medical and clinical information with the external advisory panel, should the need arise.
   - 9.4. I consent to the Scheme and the administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my healthcare provider, to administer the additional allied, therapeutic and psychology benefits.

4. Entry criteria for the Allied, Therapeutic and Psychology Extender Benefit

4.1. If you are on an **Executive or a Comprehensive plan** you have extended cover from the Allied, Therapeutic and Psychology Extender Benefit in the year in which you were diagnosed with one of the following conditions, as well as the year after the diagnosis*.

Condition	Benefit entry criteria requirements
Neonate born at <34 weeks gestation or <2 499g	Application form to be completed by your doctor Baby born at less than 34 weeks gestation OR baby born weighing less than 2 499 grams Baby must be born onto the Discovery Health Medical Scheme Baby must be 24 months or younger at the time of applying
Neonates born with congenital disorders including cardiac, gastrointestinal, endocrine, neurological or other congenital abnormalities (including cleft palate)	Application form to be completed by your doctor Baby born with congenital abnormalities Baby must be born onto the Discovery Health Medical Scheme Baby must be 24 months or younger at the time of applying
Neonates who develop serious complications of birth trauma	Application form to be completed by your doctor Birth trauma related injuries and complications Baby must be born onto the Discovery Health Medical Scheme Baby must be 24 months or younger at the time of applying

* End of the calendar year (31 December)

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4.2. If you are on an **Executive or a Comprehensive plan** you have extended cover from the Allied, Therapeutic and Psychology Extender Benefit in the year in which you underwent the following procedure, as well as the year following the procedure*:

Procedure	**Benefit entry criteria requirements**
Hearing aid prescription and fitment in child <12 years	Application form to be completed by an ear, nose and throat surgeon or audiologist. The child must be 12 years old or younger at the time the hearing aid was fitted Child must have been on the Discovery Health Medical Scheme at the time the procedure took place
Cochlear implant	Application form to be completed by your doctor Member must have been on the Discovery Health Medical Scheme at the time the procedure took place
Voice synthesizer insertion	Application form to be completed by your doctor Member must have been on the Discovery Health Medical Scheme at the time the procedure took place

* End of the calendar year (31 December)

4.3.If you are on an Executive or a Comprehensive plan you have **extended** cover for clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit for the following conditions **on an ongoing basis:**

Condition	**Benefit entry criteria requirements**
Registered for the condition through our Chronic Illness Benefit, or application form to be completed by GP, physician, paediatrician, neurologist, rheumatologist, psychiatrist or pulmonologist.	
Hemiplegia and paraplegia	Application form to be completed by your doctor You must have been a Discovery Health Medical Scheme member at the time of your diagnosis
Speech or swallowing disorder resulting from a neurologicalevent (including aphasia, dysarthria, apraxia and dysphagia)	Application form to be completed by your doctor You must have been a Discovery Health Medical Scheme member at the time of your diagnosis
Quadriplegia (tetraplegia)	Any medical doctor
Motor neuron disease	Any medical doctor
Parkinson’s disease (and other movement disorders of the basal ganglia)	Diagnosis: Physicians, neurologists and psychiatrists On-going management: Any medical doctor
Head Injuries	Application form completed by the member's doctor You must have been a Discovery Health member at the time of their diagnosis
Stroke (moderate and severe)	Application form completed by the member's doctor You must have been a Discovery Health member at the time of their diagnosis
Multiple sclerosis (and otherdemyelinating CNS disorders)	Neurologists
Bronchiectasis (any cause)	Diagnosis: Pulmonologists, physicians and paediatricians On-going management: Any medical doctor
Cystic fibrosis	Pulmonologists and paediatricians, specialist physicians
Pulmonary interstitial fibrosis	Pulmonologists and paediatric pulmonologist
Autism (spectrum disorders)	Application form to be completed by physician, neurologist, psychiatrist or paediatrician (in the case of a child)
Cerebral palsy	Application form to be completed by neurologist, physician or paediatrician (in the case of a child)
Hereditary ataxias	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Spinal-muscular atrophy	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Muscular dystrophy (and hereditary muscular disorders)	Any medical doctor
Idiopathic pulmonary fibrosis Diffuse pulmonary fibrosis Fibrosing alveolitis (cryptogenic) Hamman-Rich syndrome	Application form to be completed by physician, pulmonologist or paediatrician (in the case of a child)
Down’s syndrome	Application form completed by your physician, neurologist, psychiatrist or paediatrician (in the case of a child) or copy of genetic test results confirming diagnosis.
Connective tissue disorders:	Any medical doctor
Rheumatoid arthritis	Diagnosis: Rheumatologists, physicians and paediatricians On-going management: Any medical doctor
Systemic lupus erythematosus	Only rheumatologist, specialist physician, nephrologists or paediatricians
Sjogren’s syndrom	Specialist physician, rheumatologist, nephrologists
Systemic sclerosis	Only rheumatologist or specialist physician (diagnosing); may be managed by other practitioners

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Overlap syndrome	Only rheumatologist or specialist physician (diagnosing); may be managed by other practitioners
Juvenile chronic arthritis	Only paediatrician or rheumatologist
Ankylosing spondylitis	Rheumatologists, or specialist physicians for diagnosis and on-going management
Psoriatic arthritis	Rheumatologist or specialist physician

4.4. If you are on an **Executive or Comprehensive plan** you have extended cover for clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit until the end of the year in which the child dependant turns 18, for the following conditions:

Prader-Willi syndrome	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Verbal apraxia	Application form to be completed by physician, neurologist, psychiatrist or paediatrician (in the case of a child)
Asperger's syndrome	Application form to be completed by physician, psychiatrist, neurologist or paediatrician (in the case of a child)
Fragile X syndrome	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Rett's syndrome	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Achondroplasia	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
West syndrome (infantile spasm)	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)
Inborn errors of metabolism	Application form to be completed by physician, neurologist or paediatrician (in the case of a child)

5. Condition name and allied, therapeutic and psychology healthcare services required

(to be completed by medical doctor or healthcare professional as detailed under the benefit entry criteria)

ICD-10	Diagnosis description	Date when condition was first diagnosed	Allied or psychology therapy for condition as prescribed by doctor

OR

Tariff code	Procedure description	Date when procedure first took place	Allied or psychology therapy for condition as prescribed by doctor

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6. Notes to doctor

6.1. 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 from the day to day benefits (if applicable to the member's plan type), 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.

6.2. 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 chronic condition(s) for which the form was completed. If funding for multiple chronic conditions were applied for, then it would be appropriate to list all the relevant ICD-10 codes.

6.3. The completed form may be sent to **clinicalhelp@discovery.co.za**.

Signature of healthcare professional

Date D D M M Y Y Y Y

Please only sign if information is true, complete and correct.