



Contact details

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

Allied, Therapeutic and Psychology Extender Benefit application form for 2024

Retail Essential Plus Option Only

Who we are

Retail Medical Scheme (referred to as “the Scheme”), registration number 1176, 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). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

How to complete this form

1. Please use one letter per block, complete with black ink and print clearly.
2. You (the member) must complete sections 1 of this form.
3. Your Healthcare professional must complete section 2, 5, and sign section 6.
4. All relevant sections must be physically signed by the applicant and cannot be signed digitally. The applicant must sign and date any changes.
5. Please fax this completed and signed form to **011 539 2860** or email it to **clinicalhelp@retailmedicalscheme.co.za**.

Please note: This form is not to be completed by an allied, therapeutic or psychology healthcare professional.

Only a medical doctor or a healthcare professional as noted under the benefit entry criteria for each listed condition may complete this application form.

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

| | | | |
|---|----------------------|---------------|---------------------------|
| Title | <input type="text"/> | Initials | <input type="text"/> |
| First name/s | <input type="text"/> | | |
| Surname | <input type="text"/> | | |
| 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"/> | Fax | <input type="text"/> |
| Email | <input type="text"/> | | |
| Patient's signature | <input type="text"/> | | Date <input type="text"/> |
| (if patient is a minor, main member or legal guardian to sign) | | | |

2. Medical Doctor (as noted under the benefit entry criteria) details

| | | | |
|---|--------------------------------|------------------------------|----------------------|
| Name and surname | <input type="text"/> | | |
| BHF practice number | <input type="text"/> | | |
| Speciality | <input type="text"/> | | |
| Telephone (W) | <input type="text"/> | Fax | <input type="text"/> |
| Email | <input type="text"/> | | |
| Outcome of this application must be sent to me by | Email <input type="checkbox"/> | Fax <input type="checkbox"/> | |

3. Patient's declaration

Please read and sign the below declaration

I give permission for my healthcare professional to provide Retail Medical Scheme 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. Funding from the Allied, Therapeutic and Psychology Extender Benefit is subject to meeting benefit entry requirements as determined by Retail Medical Scheme.
2. The Allied, Therapeutic and Psychology Extender Benefit only covers clinically indicated services from acousticians, biokineticists, chiropractors, occupational therapists, physiotherapists, psychologists, speech-language therapists, social workers (in mental health) 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.
3. The outcome of the decision will be sent via email to the members email address as listed on our records
4. The Allied, Therapeutic and Psychology Extender Benefit provides cover as per my benefit option. Once in the Above Threshold Benefit, all of the specified allied claims will pay up to 100% of the Scheme Rate.
5. By registering for the Allied, Therapeutic and Psychology Extender Benefit, I agree that my condition may be subject to benefit parameters and guidelines as determined by the relevant professional body, disease management interventions and periodic review for clinical evidence and cost-effectiveness and that this may require access to my medical records. I understand that by not granting such access, this may lead to the withdrawal of this benefit.
6. Funding for allied healthcare services from the Allied, Therapeutic and Psychology Extender Benefit will only be effective from when Retail Medical Scheme receives an application form that is completed in full.
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 Retail Medical Scheme.
9. I consent to Retail Medical Scheme disclosing, from time to time, information supplied to the Scheme (including general or medical information that is relevant to my application) to my healthcare provider, to administer my Allied, Therapeutic and Psychology Extender Benefit. I agree that Retail Medical Scheme may disclose this information at its discretion, but only as long as all the parties involved have agreed to keep the information always confidential.

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

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

a) If you are on the **Retail Essential Plus Option** you have 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 |
|---|--|
| Hemiplegia and paraplegia | <ul style="list-style-type: none">• Application form to be completed by your doctor• You must have been a Retail Medical Scheme member at the time of your diagnosis |
| Speech or swallowing disorder resulting from a neurological event (including aphasia, dysarthria, apraxia and dysphagia) | <ul style="list-style-type: none">• Application form to be completed by your doctor• You must have been a Retail Medical Scheme member at the time of your diagnosis |
| Neo nate born at <34 weeks gestation or <2 499g | <ul style="list-style-type: none">• 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 Retail 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) | <ul style="list-style-type: none">• Application form to be completed by your doctor• Baby born with congenital abnormalities• Baby must be born onto the Retail Medical Scheme• Baby must be 24 months or younger at the time of applying |
| Neonates who develop serious complications of birth trauma | <ul style="list-style-type: none">• Application form to be completed by your doctor• Birth trauma related injuries and complications• Baby must be born onto the Retail Medical Scheme• Baby must be 24 months or younger at the time of applying |

*End of the calendar year (31 December)

b) If you are on the **Retail Essential Plus Option** you have 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 Retail Medical Scheme at the time when the procedure took place |
| Cochlear implant | Application form to be completed by your doctor Member must have been on the Retail Medical Scheme at the time when the procedure took place |
| Voice synthesizer insertion | Application form to be completed by your doctor Member must have been on the Retail Medical Scheme at the time when the procedure took place |

*End of the calendar year (31 December)

c) If you are on the **Retail Essential Plus Option** you have unlimited cover for clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit for the following conditions:

| Condition | Benefit entry criteria requirements |
|---|--|
| Registered for the condition through our Chronic Illness Benefit, or application form to be completed by a GP, physician, paediatrician, neurologist, rheumatologist, psychiatrist or pulmonologist. | |
| 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 |
| Multiple sclerosis (and other demyelinating CNS disorders) | Neurologists |
| Bronchiectasis (any cause) | Diagnosis: Pulmonologists, physicians and paediatricians On-going management: Any medical doctor |
| Cystic fibrosis | Pulmonologists and paediatricians, specialist physicians |
| Muscular dystrophy (and hereditary muscular disorders) | Any medical doctor |
| Pulmonary interstitial fibrosis | Pulmonologists and paediatric pulmonologist |
| Connective tissue disorders: | |
| 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 syndrome | Specialist physician, rheumatologist, nephrologists |
| Systemic sclerosis | Only rheumatologist or specialist physician (diagnosing); may be managed by other practitioners |
| 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 physicians |

d) If you are on the **Retail Essential Plus Option** you have unlimited cover for clinically appropriate care from the Allied, Therapeutic and Psychology Extender Benefit for the following conditions:

| Condition | Benefit entry criteria requirements |
|---|---|
| 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) |
| 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. |

e) If you are on the **Retail Essential Plus Option** you have unlimited 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 and allied, therapeutic and psychology healthcare services require (to be completed by medical doctor 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 |
|--------|-----------------------|---|--|
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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

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, 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.
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.
3. The completed form may be sent by faxed to **011 539 7012** or email to **clinicalhelp@retailmedicalscheme.co.za**.

Doctor's signature

Date

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