

Contact details

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

Screening Benefit: exception form

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 who is registered as an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers the Scheme.

Purpose of this form

You complete this form to manage an exception process for the manual capturing of Screening Assessment metrics for members outside of South Africa and members within South Africa who do not have access to healthcare providers in the Scheme's provider Network.

Please make sure you are using the most up-to-date form. Download the latest version of all forms from www.retailmedicalscheme.co.za.

How to complete this form

This form must be completed and emailed to healthchecks@discovery.co.za.

1. Healthcare Professional details

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>								
Surname	<input type="text"/>								
Practice/registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>								

2. Member details

Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>								
Surname	<input type="text"/>								
Email	<input type="text"/>								

3. Screening for adults (18 years and older)

Blood pressure	Systolic	<input type="text"/>	<input type="text"/>	<input type="text"/>	Diastolic	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body Mass Index	Height	<input type="text"/>	<input type="text"/>	cm	Weight	<input type="text"/>	<input type="text"/>	kg
	Abdominal circumference	<input type="text"/>	<input type="text"/>	cm				
Blood glucose	Random glucose	<input type="text"/>	<input type="text"/>	mmol/l	HbAC1c	<input type="text"/>	<input type="text"/>	%
Cholesterol	Total cholesterol	<input type="text"/>	<input type="text"/>	mmol/l	HDL	<input type="text"/>	<input type="text"/>	%
	LDL	<input type="text"/>	<input type="text"/>	mmol/l	Triglycerides	<input type="text"/>	<input type="text"/>	mmol/l

4. Screening for children (2 - 18 years old)

Blood pressure

Systolic

Diastolic

Body Mass Index

Height cm

Weight kg

Abdominal circumference cm

Healthcare provider signature

Date ^D ^D ^M ^M ^Y ^Y ^Y ^Y