External Medical Items Extender Benefit Application form

LA Comprehensive

Contact details
Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

Who are we

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 (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.

We update this form from time to time. The latest version of the application form is available on **www.lahealth.co.za** or from the call centre at **0860 103 933**. Healthcare professionals can call **0860 44 55 66** to request a form.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Section 1 of the application form must be completed by the main member.
3. Your healthcare professional must complete Sections 2 and 5, and sign Sections 6 and 7 of the form.
4. The application form must be accompanied by an assessment report from an Occupational Therapist or Physiotherapist and a quotation for the required medical external medical equipment.
5. Email the completed form to **clinicalhelp@lahealthms.co.za,** or post it to LA Medical Scheme **PO Box 784262, Sandton 2146**.

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

Title

Surname

First name/s

Gender M F ID or passport number

Membership number

Telephone (H) Telephone (W)

Cellphone

Email

The outcome of this application can be communicated to me by email Yes No

Patient's signature

(if patient is a minor, main member to sign)

Date D D M M Y Y Y Y

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

2. Doctor's details

Name and surname

BHF practice number Speciality

Telephone (W)

Email

3. Member's declaration

I give permission for my healthcare professional to provide LA Health Medical Scheme with my diagnosis and other relevant clinical information required to review my application for Prescribed Minimum Benefits. I consent to LA Health Medical Scheme and Discovery Health (Pty) Ltd disclosing from time to time, information supplied to LA Health Medical Scheme and Discovery Health (Pty) Ltd (including general or medical information that is relevant to my application) to my healthcare provider, to administer my benefits. I agree that LA Health Medical Scheme may disclose this information at its discretion but only as long as all the parties involved have agreed to always keep the information confidential.
I understand that:

3.1. Funding from the External Medical Items Extender Benefit is subject to benefit entry criteria.
3.2. This application will be assessed on its own merit.
3.3. By applying for benefits from the External Medical Items Extender Benefit, I agree that my condition may be subject to disease management interventions and periodic review, which may include access to my medical records.

Patient's Signature

(if patient is a minor, main member to sign)

Date D D M M Y Y Y Y

4. Entry criteria for the External Medical Items Extender Benefit

4.1. If you are registered on the LA Comprehensive Option you may qualify for cover from the External Medical Items Extender Benefit if your annual External Medical Items (EMI) Benefit has been depleted.
4.2. All cases will be reviewed on individual merit and on case-by-case basis with severity of the condition and disability taken into consideration.
4.3. This is a stated benefit of the Scheme - there can be no precedent setting when we grant a registered benefit to a member. We say the benefits are subject to criteria.

List of qualifying conditions (subject to entry criteria):

- Hemiplegia and Paraplegia
- Quadriplegia (tetraplegia)
- Cerebral Palsy
- Motor neuron Disease
- Parkinson’s disease (and other movement disorders of the basal ganglia)
- Multiple sclerosis (and other demyelinating CNS disorders)
- Connective Tissue Disorder
- Severe injuries resulting in severe disabilities
- Spinal-muscular atrophy

Product categories funded through the External Medical Items Extender Benefit
Wheelchairs

- Standard wheelchairs
- Lightweight wheelchairs
- Motorized wheelchairs
- Specialised positioning wheelchairs

Wheelchair accessories e.g. cushions, Arm rests, Foot rests, Side panels, etc.
Hoists
Standing frames
Scooters

5. Condition (to be completed by healthcare professional)

ICD-10	Diagnosis description	Date when condition was first diagnosed

6. Additional clinical information (to be completed by healthcare professional)

7. External Medical Item required (to be completed by healthcare professional)

NAPPI or SAOPA code	Description

***NB: Please attach quotation**

8. Notes to Doctor

8.1. 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 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.

8.2. 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 condition/s for which the form was completed.

8.3. The completed form may be emailed to **clinicalhelp@lahealthms.co.za**.

Doctor's signature

Date D D M M Y Y Y Y