

Pre-assessment request

Contact details

Tel: 0860 002 133 • www.sabmas.co.za

Who we are

SAB Medical Aid (referred to as 'the Scheme'), registration number 1209, is a not-for-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the Administrator') is a separate company and an authorised financial services provider and is responsible for the administration of your membership on behalf of the Scheme.

When you sign this form, you are requesting SAB Medical Aid to provide you with a quotation for a procedure you or a dependant is scheduled to have. This will enable you to compare the costs that your healthcare professionals have given you, with what your Option will pay.

You need to obtain an authorisation number from the Pre-authorisations department first, before we can assist you with a pre-assessment request. To authorise the procedure, please call **0860 002 133**. You will need the following information when you contact our Pre-authorisations department:

- Date of service
- Treatment and ICD-10 code/s
- Practice number/s for the hospital and the treating doctor.

Your doctor can provide you with this information. 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. Alternatively, complete it digitally.
2. Please email this completed and signed form to preassessment_requests@sabmas.co.za
3. To avoid unnecessary delays:
 - Complete all sections. We cannot provide you with a pre-assessment if section 5 is not completed.
 - Complete all information, including the authorisation number.

By signing this application, you confirm that the information provided is true and correct.

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 healthcare professional will charge, with the costs that your Option 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 once 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 Option and the Scheme Rules – you still need to obtain the relevant authorisation before the procedure is done.
- Please note that this quote is valid according to the codes received. If your doctor changes or adds codes to this quote, this quotation will not be valid for the claim in question.

We will send the final assessment letter to you

The information in a pre-assessment form is confidential, so we will send the final assessment letter to you only.

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 002 133**.

2. Principal member's details

Membership number	
ID or passport number	
Member's surname	
Member's name	

3. Patient details

Title		Initials	
Surname			
First name(s) (as per identity document)			
Will the procedure be done in- or out-of-hospital?	In ☐	Out	☐
Was a benefit authorisation number requested for the procedure from the Scheme?	Yes ☐	No	☐
If yes, please provide the benefit authorisation number			
If no, please get a pre-authorisation number before submitting this form to us.			

4. Doctor or healthcare professional's details

Name			
Billing practice number		Treating practice number	
Telephone		Date of treatment	

5. Details about the procedure

When will the procedure be done?	
Where will the procedure be done?	In hospital or day clinic ☐ Other facility instead of in-hospital ☐

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

ICD-10 codes

We need the codes to make sure we are all referring to the same procedures and products. Please provide all the ICD-10 (diagnosis) codes 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 three, four or five characters in length.

ICD-10 diagnosis code:	
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Procedure codes

Procedure codes are four to five digits long and product codes are six to nine digits long.

Practice number	Procedure code	Rand value	Time	Practice number	Product code	Rand value

Signed at (town or city)		on	
Signature of principal member			

Please do not sign an incomplete application form