



Contact details

Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Pre-assessment request

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578. This 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.

When you sign this pre-assessment request you confirm that information provided is true and correct.

When you sign this form, you are requesting TFG Medical Aid Scheme 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 service providers have given you, with what your health plan will pay.

Please note: You need to obtain an authorisation number from the preauthorisations department first before we can assist you with a preassessment request. To authorise the procedure, please call **0860 123 077**. You will need the following information when you contact our preauthorisations department:

- · Date of service
- · Treatment and ICD-10 codes
- · Practice numbers 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.
- 2. To avoid unnecessary delays, please
- complete all sections. We cannot provide you with a pre-assessment if section 5 is not completed.
- include all information, including the authorisation number.
- 3. Email the completed and signed form to PREASSESSMENT_REQUESTS@tfgmedicalaidscheme.co.za
- 4. For dental requests email to service@tfgmedicalaidscheme.co.za

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 service provider charged with the costs that your plan 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 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 plan type and scheme rules you still need to obtain the relevant authorisation before the procedure is done.
- Please note that we will only pay for the codes received according to this quote. If your doctor changes or adds codes to this quote, we cannot accept any responsibility for the difference in cover.

We will send a completed assessment letter to you

- Because the information in a pre-assessment form is confidential, we will send the completed assessment letter to you only.
- We will send the completed assessment letter using the preferred communication channel given in this form. If you do not give us an email
 address or if the details do not belong to you, we will post it to the address we have on our records for you.

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 123 077.

2. Main member details						
Membership number						
ID or passport number						
Member's name						
Member's surname						

TFGPR001

3. Patient details						
Title	Init	ials				
Surname						
First name(s) (as per id	dentity book)					
How would you prefer	r to receive this letter?	Email	Post			
Relationship to main	member					
Will the procedure be	done in- or out-of-hosp	oital? In	Out			
Was a benefit confirm	nation number requeste	ed for the procedure from	m TFG Med	lical Aid Scheme?	Yes	No
If yes, please provide	benefit confirmation nu	ımber				
4. Doctor details						
Healthcare provider na	ame					
Billing practice number	er					
Treating practice num	ber					
Contact number				С	Date of treatment	M M Y Y Y Y
Have you been referre	ed for this treatment/pro	ocedure by another doc	tor?	Yes No		
If 'Yes" please provide	e referring practice num	ber				
5. Details about t	the procedure					
When will the procedu	ure be done?	D M M Y Y Y	Y			
Where will the proced	lure be done?	In hospital or day-clinic	Othe	r facility instead	of in hospital	
Please give the author	orisation number for this	procedure				
Procedure informat	ion					
Please provide a sepa	arate rand value for ea	ch procedure code. We	cannot wo	rk with estimated	or combined amounts.	
Codes from your he	ealthcare professiona	I				
We need the codes to	o make sure we all refe	r to the same procedur	es and prod	ducts. Please pro	vide the ICD-10 diagnosis	s code and all the
procedure and produc						
•				-	illitis could be coded as J	35.0. An ICD-10
•		Procedure codes are 4·	-5 digits lon	g and product co	des are 6-9 digits long).	
ICD-10 diagnosis cod	le:					
Practice number	Procedure code	Rand value		Practice number	Procedure code	Rand value

Please note:

If your healthcare professional gave you more codes than there are lines available on this form, you can attach extra pages. If you do add a page, it is very important that you include the practice number, codes and rand values for every code.

You can also attach the quotations you received from your healthcare professionals to this form, but please make sure that the practice numbers, procedure codes and rand values are included for every code on the quotation.

Signed at (town or city)		on D	D	M	M	Υ	Υ	Υ	Υ
Signature of main member									
L	Please do not sign an incomplete application form								