

Contact details

Tel: 0800 001 615 • PO Box 652509, Benmore, 2010 • www.engenmed.co.za

Oncology PMB application form

Who we are

Engen Medical Benefit Fund (referred to as 'EMBF'), registration number 1572, is a non-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, an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

This form is to request for additional cover from the Prescribed Minimum Benefits.

Patient's name and surname

Membership number

How to complete this form

Please sign the form and ensure that all the relevant information required, as set out in the form is completed, including contact details for the provider and date of request.

1. Please use one letter per block, complete in black ink and print clearly.
2. Please complete this form if you wish to apply for additional cover for the diagnosis of, medicine for, or out-of-hospital management of a Prescribed Minimum Benefit (PMB) condition.
3. You (the member) must complete Section 1 of this form.
4. Your doctor must complete Section 2 and Section 3, and include detailed documents supporting your application.
5. Please email this completed and signed form with any supporting documents to oncology@engenmed.co.za or fax it to **011 539 2173** or post it to **Engen Medical Benefit Fund Oncology, PO Box 652509, Benmore 2010**. You can also contact our oncology call centre on 0800 001 615 if you have any questions.
6. You will receive a letter informing you of our decision and the process to follow for approved requests.
7. You may call us if you would like to lodge a formal dispute to a declined appeals decision.

1. About yourself (main member)

Title Initials Surname

ID number

Membership number Date of birth

Postal address

Telephone (H) (W)

Cellphone Fax

E-mail address

Name of patient or dependant

May we communicate your information to you by E-mail Fax Post

Has your treatment been approved on the Oncology Benefit? Yes No

If "Yes", your doctor must list the condition for which your treatment has been approved on the next page.

