

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

Pre-assessment request

Who we are

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

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

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 the form digitally.
2. To avoid administration delays, please ensure this application is completed in full.
3. Email the completed and signed to preassessment_requests@engenmed.co.za

1. Important details about pre-assessments

A pre-assessment is done to enable you to compare the costs your service provider will charge, with the costs your Plan will cover. This does not replace the confirmation of benefits you need from the Fund.

Please make sure you read and understand the following information about this pre-assessment form. Please remember, this is a quote and does not guarantee payment.

A pre-assessment is done on request and you need to ask for it before the procedure.

We need to do the pre-assessment before your procedure. If the procedure is in the next two days, please call us on **0800 001 615** to tell us and we will do our best to ensure we complete the pre-assessment before then.

We will send a completed pre-assessment letter to you.

Because the information in a pre-assessment is confidential, we will send the completed pre-assessment letter to you only. We will send the letter to the email address provided in the application.

If you have any questions about this pre-assessment form, please call us on **0800 001 615**.

2. Main member's details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>

3. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>		
Surname	<input type="text"/>		
Email	<input type="text"/>		

Will the procedure be done in- or out-of-hospital? In Out

Was a benefit reference number requested for the procedure from the Fund? Yes No

If yes, please provide the benefit reference number?

4. Doctor's details

