

Registration for cover for Lymphoedema

Who we are

Engen Medical Benefit Fund, referred to as 'the Fund', registration number 1572, is the medical scheme that you are a member of. The Fund is a non-profit organisation, registered with the Council for Medical Schemes as a medical scheme.

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 Fund.

What you must do

- Fill in the form in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
- Ensure the form and photographs are sent to us by email at DCO_oncology@discovery.co.za.
- Only applications received from healthcare providers will be accepted.
- You will receive a letter informing you of our decision and what to do next for approved requests. If you have any questions, you can contact us on **0800 001 615**.

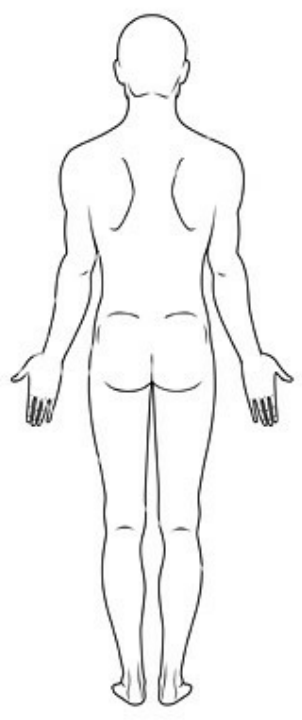
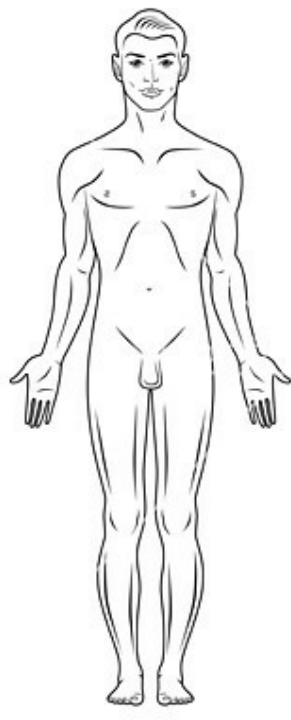
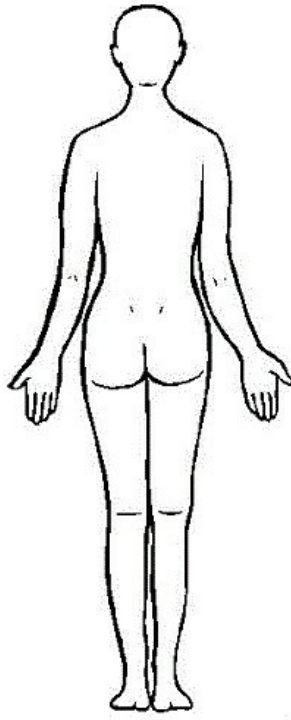
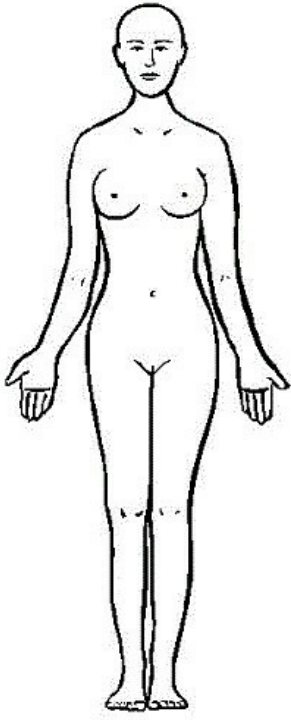
1. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		
Relationship to main member	<input type="text"/>		

2. Lymph node status

Regional node dissection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, state region:	<input type="text"/>
Sentinel lymph node biopsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Chemotherapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Still to be decided	<input type="checkbox"/>
If yes	Adjuvant <input type="checkbox"/>	Neoadjuvant <input type="checkbox"/>	Oral	<input type="checkbox"/>
Radiation therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Still to be decided	<input type="checkbox"/>
If yes, state area			Still due for radiology	<input type="checkbox"/>
	<input type="text"/>			

3. Existing medical conditions and co-morbidities



7. Proposed treatment

Lymphoedema therapist

BHF practice number

Staging

Date of staging

Treatment start date

Initial consultation

Requested code	Cost
Total cost	

Treatment

Requested code	Cost	Frequency	Motivation
Total cost			

Garments and bandages

NAPPI code	Cost	Quantity	Description
Total cost			

Total cost of proposed treatment

Signature of healthcare provider

Date