ENGEN Medical Benefit Fund

Administered by Discovery Health

Contact details
Tel: 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 'EMBF'), 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.

2. To avoid administration delays, please ensure this application is completed in full.

3. Fax the completed and signed form to **011 539 1044** or email it 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 Care 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.

Send the completed form or contact us for any queries.

Please send the completed and signed form by fax to **011 539 1044** or email it to **preassessment_requests@engenmed.co.za**

Please include all information for us to quote you.

If you need to check or query anything about the application, please call us on **0800 001 615.**

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 seven days, please call us on 0800 001 615 to tell us and we will do our best to ensure we complete the 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 assessment letter to you only. We will send the letter to the preferred communication given in the application. If you do not give us an email address or fax number or if the details do not belong to you, we will post it to the address we have 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 **0800 001 615.**

2. Main member's details

Title | Initials | First name/s (as per identity document)

Surname | Membership number

Postal Address

Code

Telephone Number (H) | (W)

Cellphone | Fax

Email address

3. Patient details

Title | Initials | First name/s (as per identity document)

Surname

How would you prefer to receive this letter? Email Fax Post

Will be 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 or healthcare professional's details

Name

Billing practice number | Treating practice number

Contact number | Date of treatment D D M M Y Y Y Y

5. Medical details

Please note: you need to send a separate Rand value for each procedure code as we cannot work with estimated or combined costs.

Healthcare professional

Practice number	Procedure code	Rand value

Anaesthetics

Practice number	Procedure code	Time	Rand value

EMBPR001

Anaesthetics

Signed at (town or city) _____ on D D M M Y Y Y Y

Signature of main member _____

Please do not sign an incomplete application form