Pre-assessment request

Contact us
Tel: 0800 12 CARE (2273) • PO Box 653418, Benmore 2010 • www.libcare.co.za

Libcare Medical Scheme (referred to as Libcare or the Scheme), registration number 1197, is a not-for-profit entity, registered with the Council for Medical Schemes as a closed membership scheme which provides cover for eligible full-time permanent staff members and retirees of the Liberty Group, and their eligible dependants.

Discovery Administration Services (PTY) Ltd (referred to as the Administrator), registration number 2004/006809/07, is a separate company to Libcare, and is accredited by the Council for Medical Schemes to provide administration services to medical schemes, including Libcare and its members.

When you sign this form, you are requesting Libcare Medical Scheme to provide you with a quotation for a procedure you or your dependant is scheduled to have. This will enable you to compare the costs that your service provider/s have given you, with what Libcare will pay.

Please note:

You need to obtain an authorisation number from the pre-authorisations department first, before we can assist you with a pre-assessment request. To authorise the procedure, please call the Libcare Medical Scheme Contact Centre on 0800 12 CARE (2273). You will need the following information when you contact our preauthorisations department:

- Date of service
- Treatment and ICD-10 code/s
- Practice number/s 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 print clearly using CAPITAL letters and one character per block.
2. Please email the fully completed form to **enquiries@libcare.co.za**.
3. To avoid unnecessary delays:
   - Complete all sections. We cannot provide you with a pre-assessment if section 5 is not completed.
   - Include all information, including the authorisation number.

By signing this application, you confirm that the information provided is true and correct.

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 will charge, with the costs that Libcare 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 once we have issued an authorisation.

A pre-assessment does not replace the authorisation you need from the Scheme

- This is only a guideline for costs and what Libcare will pay according to the benefit structure and Scheme Rules. You still need to obtain the relevant authorisation before the procedure is done.
- Please note that this quote is valid according to the codes received. If your doctor changes or adds codes to this quote, this quotation will not be valid for the claim in question.

We will send the final assessment letter to you

- The information in a pre-assessment form is confidential, so we will send the final assessment letter to you only.
- We will send the completed assessment letter using the email address 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 the Libcare Medical Scheme Contact Centre on **0800 12 CARE (2273)** or send an email to **enquiries@libcare.co.za**. The Contact Centre is operational Monday to Friday from 08:00 to 17:00, excluding public holidays.

2. Details of Principal Member

Title | Initials

First name/s

Surname

Membership number

Postal address

Code

Telephone (H) | Telephone (W)

Cellphone

Email address

3. Details of Patient

Title | Initials

First name/s

Surname

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

Was a benefit authorisation number requested for the procedure from the Scheme? Yes No

If yes, please provide the benefit authorisation number

If no, please get a pre-authorisation number before submitting this form to us.

4. Doctor or Healthcare Provider's details

Name

Billing practice number

Treating practice number

Contact number

Date of treatment D D M M Y Y Y Y

5. Details about the procedure

When will the procedure be done? D D M M Y Y Y Y

Where will the procedure be done? In hospital or day clinic Other facility instead of in-hospital

Procedure information
Please provide a separate rand value for each procedure code. We cannot work with estimated or combined amounts.

Codes from your Healthcare Provider

ICD-10 codes
We need the codes to make sure we are all referring to the same procedures and products. Please provide all the ICD-10 diagnosis code and all the procedure and product codes. An ICD-10 code describes your diagnosis and contains numbers and letters, for example tonsillitis could be coded as J35.0. An ICD-10 code may be 3, 4 or 5 characters in length.

ICD-10 diagnosis code:

Procedure codes

Procedure codes are 4 to 5 digits long and product codes are 6 to 9 digits long.

Practice number	Procedure code	Rand value	Time	Practice number	Product code	Rand value

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

Signature of Principal Member _____

Please do not sign an incomplete application form