Chronic BenefitApplication Form General

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Instructions

1. Complete this application form to register for chronic benefits for the first time or to register an additional chronic condition.
2. Please write in legible capitals and indicate your choice by making a tick (✓) in the appropriate spaces.
3. Complete one application form for each patient requiring chronic benefits.
4. The principal member or patient must complete Sections 1 and 2 in full.
5. The treating doctor must complete Sections 3 to 5 where applicable.
6. If the appropriate sections are not completed, we will not be able to process your application.
7. Attach copies of any reports to support diagnosis of chronic condition, where applicable.
8. Please post, fax or e-mail the completed and signed application forms to
   Fax: +27 11 715 3223 or e-mail to marindem@momentumafrica.com

Section 1 - Principal Member Information

Member Surname | Initials

Medical Scheme: | Membership Number:

Option:

Section 2 - Patient Information

Patient Surname | Initials | Title

First Name(s) | Gender: Male ☐ Female ☐

Date of Birth | Dependant Code | Next of Kin

Postal Address

Postal Code

Contact Numbers: Home | Work | Cell Phone

Fax No: | E-mail Address

Please indicate the method whereby you would prefer to receive your letter of authorisation:

Fax ☐ E-mail ☐ Post ☐ Provider ☐

I hereby give permission for my doctor to provide **Momentum Africa** with my diagnosis and other relevant clinical information required. I understand that funding from the Chronic benefit is subject to clinical entry criteria and drug utilisation review as determined by the **Momentum Africa** Disease Management Programme. By registering for the **Momentum Africa** Disease Management Programme, I am aware that my condition may be subject to periodic review and that this may include access to my medical records and disclosure of general and medical information supplied to **Momentum Africa**.

Generic medication or therapeutic alternatives can significantly reduce prescription costs. Should a generic equivalent be available, this will be authorised in place of your prescribed medication unless your doctor has specified otherwise.

If your application to the **Momentum Africa** Disease Management Programme is declined, the relevant medication can be regarded as acute medication, subject to **Momentum Africa** Scheme Rules and availability of funds.

Signature

Date

Patient's Name

Membership No:

Section 3 - Medical Practitioner Details

Surname | Initials

Type of Practitioner (e.g. general practitioner)

Practice No | Tel No

Fax No | E-mail Address

Signature

Date

Section 4 - Conditions

The following conditions require special authorisation:

- Cancer (all types)
- HIV
- Haemodialyses

Chronic medication requests for certain conditions
will only be considered if prescribed by an appropriate specialist with relevant investigations.

Chronic medication for Allergic Rhinitis
will be considered if prescribed by a specialist (ENT, paediatrician, pulmonologist or physician) or a general practitioner if:

- the condition is severe or associated with asthma in children and adults
- confirmed by full investigation

Chronic medication for Osteoporosis
will only be considered on submission of a Bone Mineral Density (BMD) scan.

Chronic medication for Gastro-oesophageal Reflux Disease (GORD)

Gastroprotective agents e.g. PPI's may be approved under the following circumstances:

1. If the prescription is from a GP it will be authorised from the member's acute benefit for 4 months only.
2. Following and assessment by a gastroenterologoist and an endoscopy, if indicated the prescription will be authorised from the member's chronic benefit.
3. The length of authorisation is dependant on the chronic nature of the condition.

The following medicines are exclusions from the Chronic Disease Benefit:

- Vitamins and mineral preparations (excluding calcium for postmenopausal females and patients with hypoparathyroidism)
- Homeopathic medication
- Hypnotics and anxiolytics
- Mucolytics and decongestants
- Muscle relaxants, except for patients with multiple sclerosis
- Food supplements e.g. Ensure

Provided that, although the member's doctor may define a condition as being chronic, this condition may not fulfil the Scheme's criteria for chronic medication benefits. Access to any chronic medication as part of the chronic medication benefit is subject to clinical entry criteria and drug utilisation review. Specific drugs may only be authorised and prescribed by the relevant specialist.

Patient's Name

Membership No:

Section 5 - Medication Details

To be completed by Doctor

ICD10 Code	Condition	Investigations Done and Results	Previous Treatment and Results	Medications Prescribed, Strength, Directions for Use	Generic alternative Y/N

Acknowledgement by Examining Doctor

I certify that the particulars hereto are – to the best of my knowledge and belief – true and accurate, having conducted a personal examination and/or procured the tests and/or other diagnostic investigations referred to.

Date

Signature of Medical Practitioner

Please ensure that the relevant reports and/or test results are included