

Bankmed GP to Specialist Referral Form 2017

Who we are

Bankmed Medical Scheme (referred to as 'the Scheme'), registration number 1279. This is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health is responsible for the administration of Bankmed Medical Scheme.

Only complete this form for planned or elective referrals to a specialist. There is no need to complete this form for referral to an ophthalmologist, a specialist for maternity care, a psychiatrist or to a dental specialist and maxillo-facial and oral surgeon.

Refer to the back of this form for information about specialist referrals in an emergency/urgent referral or when it is an elective or planned referral.

How to complete this form

Step 1: Fill in all the sections below in black ink, writing one letter in a block. Please print clearly. All sections are compulsory

Step 2: Please sign section 3

Step 3: Attach all relevant test results to avoid any administrative delays

Step 4: Please fax the completed form to 021 527 1912 or email it to specialistauth@bankmed.co.za

Is this referral at a patient or parent/guardian's request? Yes No If "Yes", please obtain the patient or parent/guardian's signature

Is this referral a GP requesting clinical advice from a specialist to manage the patient's condition and treatment? Yes No

1. Patient's details

Initial Name

Surname

Identity number Date of birth

Y	Y	Y	Y	M	M	D	D
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Membership number Cellphone

How does the member want to receive the feedback from the Clinical Advisory Panel? E-mail Fax SMS

Complete contact details for the field you selected above

2. Referring GP details

Practice number Treating doctor

Telephone (w) (when a specialist needs to contact you)

Cellphone (when a specialist needs to contact you)

How do you want to receive the feedback from the Clinical Advisory Panel? E-mail Fax SMS

Complete contact details for the field you selected above

3. Specialist referral and advice

Date of GP consultation

Y	Y	Y	Y	M	M	D	D
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 Specialist discipline

Specialist practice number* Initial date of diagnosis

Y	Y	Y	Y	M	M	D	D
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Reason for referral _____

ICD-10 codes 1. · 2. · 3. · 4. ·

Co-morbidities _____

Detailed clinical history _____

Previous treatment and investigation** _____

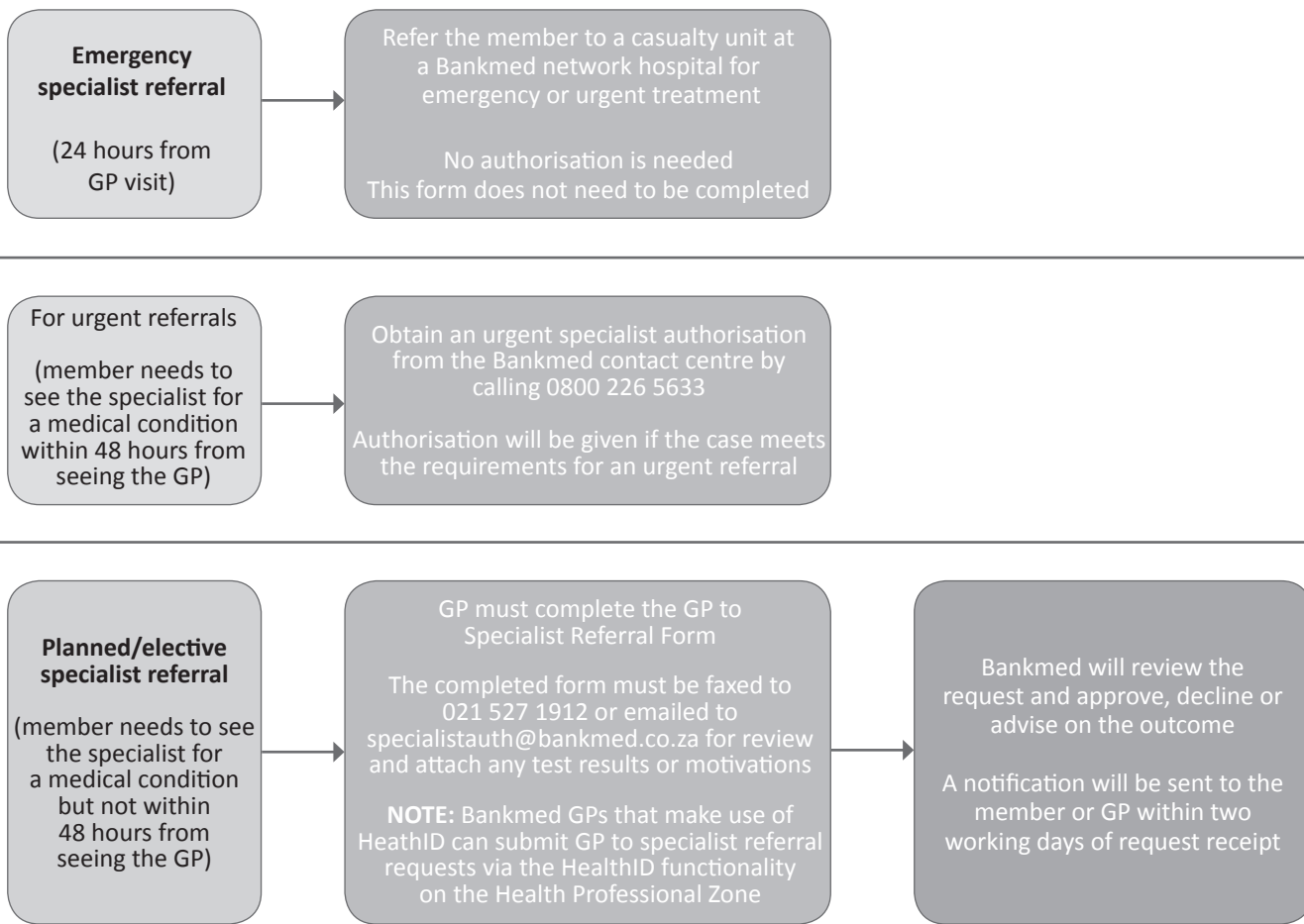
Current management _____

Referring doctor's signature _____

* For a list of specialists on the Bankmed Specialist Network list, go to www.bankmed.co.za

** NB PLEASE ATTACH THE RELEVANT TEST RESULTS.

Bankmed GP to Specialist Process: How Does it Work?



All requests for specialist referral will be reviewed by a Clinical Advisory Panel prior to approval, and a decision confirmation given within two working days.