



President : Dr Chris Gouws / **Secretary** : Dr Rian Viljoen / **Treasurer** : Dr Jaco Maartens

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APPLICATION FOR REIMBURSEMENT OF AN INTRAVITREAL INJECTION

Options:	Avastin	NAPPI	
	Lucentis	706042-002	<input type="checkbox"/>
	Eylea	711524-001	<input type="checkbox"/>
	Intravitreal dexamethasone eg. Ozurdex	722548-001	<input type="checkbox"/>
	Triamcinolone	713829-001	<input type="checkbox"/>

	Patient details		Principal member
Title		Title	
Name		Name	
Surname		Surname	
ID Number		ID Number	
Age		Medical Scheme Name	
DOB		Plan type / Option	
Tel No		Medical Aid Number	
Dependant code		Dependant code	
Treatment for Injection			
Chronic treatment for 2018			
Date of injection			
Right Eye	Left Eye	Bilateral Eyes	

PLEASE ATTACH A PRESCRIPTION THAT INCLUDES AN ICD 10 CODE

WE SUGGEST THAT THE PATIENT APPLIES TO THE MEDICAL AID FOR CHRONIC COVER OF THEIR PMB CONDITION

Date:	_____	Signature:	_____
Doctor:	_____		
Practice Number :	_____		
Doctor's Tel:	_____	Fax No:	_____
E-mail:	_____	Contact person:	_____
Delivery address:	_____		

DIAGNOSIS

wAMD
 CRVO/ BRVO
 Diabetic macular oedema
 Other eg. Myopia, uveitis
 Birdshot, Radiation retinopathy

H35.3
 H34.9, H34.8
 E10.3, E11.3, H36.0, H35.8
 Code

PMB codes

904B
 906B
 904B

Motivation: _____

CLINICAL HISTORY

Access to OCT

Fluorescein angiogram Yes No Result: _____

New diagnosis Yes No _____

Is the patient currently on treatment? Yes No

PHASE OF TREATMENT

Loading dose

Maintenance regime

Dry / no activity Persistent activity

Ongoing treatment: Monthly Motivation: _____

Treat prn Motivation: _____

Treat & extend

Frequency of injections at present:

If changing treatment:

Indication for change:
 Complication / adverse event
 Non-responder
 Suboptimal response

As per regulation 15H(c) and 15I(c) of the Medical Schemes Regulations

Motivate: _____
 Motivate: _____

In the event that the funder declines funding for the treatment as requested, such decline and the reasons therefore should be placed in writing. The reasons should disclose the clinical and scientific basis for rejecting the care, as is required by the principles of evidence-based medicine as is required by the Medical Schemes Regulations. Kindly, and pursuant to sections 34 and 39 of the Health Professions Act 56 of 1974 (which the scheme has to comply with) provide me with the name and contact details of the clinical peer who reviewed this case, so that we can, pursuant to our ethical duties, engage with each other in the best interest of the patient. In the event that the scheme declines funding for the clinically appropriate treatment as motivated and requested, the treating doctor will, as is permitted by regulation 15E of the Medical Schemes Regulations, inform the beneficiary of the care they require, and the schemes decision in this regard. Patients will be informed that, should they choose to not complain or appeal this matter, any regression of their disease will be as a result of the lack of access to appropriate care. This may result in the scheme being legally liable for any harm suffered by the patient.