

Contact details

Tel: 0860 11 66 33 • PO Box 652509, Benmore 2010 • www.mcmas.co.za

Chronic Illness Benefit application form 2024

This application form is to apply for the Chronic Illness Benefit and is only valid for 2024

The latest version of the application form is available on www.mcmas.co.za. Alternatively members can call 0860 11 66 33 and healthcare professionals can call 0860 44 55 66.

Who we are

The MultiChoice Medical Aid Scheme (referred to as “the Scheme”), registration number 1241, 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). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Complete and sign the application form (section 1).
3. Take the application form to your doctor to complete section 2 and 4.
4. Email the completed application form to CIB_APP_FORMS@mcmas.co.za.

1. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Membership number	<input type="text"/>		
ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email address	<input type="text"/>		
Relationship to main member	<input type="text"/>		

The outcome of this application will be sent to you by email.

I give consent to Discovery Health (Pty) Ltd and the MultiChoice Medical Aid Scheme to use the above communication channel for all future communication.

I acknowledge that I have read and understood the conditions under “Member’s acceptance and permission” on page 2.

Patient's signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(if patient is a minor, main member/legal guardian to sign)

2. Doctor's details (doctor to complete)

Name and surname	<input type="text"/>											
Practice Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Speciality	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email	<input type="text"/>											

The outcome of this application will be sent to you by email.

Doctor's signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Member's acceptance and permission

I give permission for my healthcare provider to provide the MultiChoice Medical Aid Scheme and Discovery Health (Pty) Ltd with my diagnosis and other relevant clinical information required to review my application. I agree to give permission for you to collect and record information about my condition and treatment, this will also be used to develop registries. This data will be analysed, evaluated and used to measure clinical outcomes and make informed funding decisions.

I understand that:

- 2.1. Funding from the Chronic Illness Benefit is subject to meeting benefit entry criteria requirements as determined by the MultiChoice Medical Aid Scheme.
- 2.2. The Chronic Illness Benefit provides cover for disease-modifying therapy only, which means that not all medicines for a listed condition are automatically covered by the Chronic Illness Benefit.
- 2.3. By registering for the Chronic Illness Benefit, I agree that my condition may be subject to disease management interventions and periodic review and that this may include access to my medical records.
- 2.4. Funding for medicine from the Chronic Illness Benefit will only be effective from when the MultiChoice Medical Aid Scheme receives an application form that is completed in full.
- 2.5. A new Chronic Illness Benefit application form needs to be completed when applying for a new chronic condition.
- 2.6. If I am approved on the benefit, I need to let MultiChoice Medical Aid Scheme know when my treating doctor changes my treatment plan so my chronic authorisation/s can be updated. I can do this by emailing the new prescription to the email provided or asking my doctor or pharmacist to do this for me. Alternatively, my doctor can log onto HealthID to make the changes, provided that I have given consent. If I do not let MultiChoice Medical Aid Scheme know about changes to my treatment plan, my claims may not be paid from the correct benefit.
- 2.7. To make sure that my claims are paid from the correct benefit, the claims from my doctors must be submitted with the relevant ICD-10 diagnosis code(s). I must ask my doctor to include my ICD-10 diagnosis code(s) on the claims they submit and on the form that they complete when they refer me to pathologists and radiologists for tests. This will enable pathologists and radiologists to include the relevant ICD-10 diagnosis code(s) on the claims they submit, ensuring that my claims are paid from the correct benefit.

Consent for processing my personal information

I give the Scheme and the administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for Chronic Illness Benefits. I consent to the Scheme and the administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my healthcare provider and to relevant third parties, to administer the Chronic Illness Benefits as well as undertake managed care interventions related to the chronic condition.

Consent withdrawal for your Chronic Illness Benefit (CIB)

Withdrawing consent for your general, personal, medical or clinical information to be accessed or shared with relevant third parties, means that you will no longer have access to funding from the applicable chronic illness benefits. Claims which would usually be funded from the chronic illness benefits will, once consent is withdrawn, be funded from other available benefits according to the rules of your plan. Should you wish to continue with the consent withdrawal process, then please email CIB_APP_FORMS@mcmas.co.za.

3. The Chronic Disease List (CDL) conditions covered on the MultiChoice Medical Aid Scheme

The MultiChoice Medical Aid Scheme covers the following Chronic Disease List (CDL) conditions in line with legislation.

Approval on the Chronic Illness Benefit for your CDL condition(s) offers cover for medicine and treatment baskets for the management of your condition(s). Please refer to the [website](#) for more information on what is covered on the benefit and how it is covered.

Chronic disease list conditions

Addison's disease

Asthma

Bipolar mood disorder

Bronchiectasis

Cardiac failure

Cardiomyopathy

Chronic obstructive pulmonary disease (COPD)

Chronic renal disease

Coronary artery disease

Crohn's disease

Diabetes insipidus

Diabetes type 1

Diabetes type 2

Dysrhythmia

Epilepsy

Glaucoma

Haemophilia

HIV and AIDS (antiretroviral therapy)

Hyperlipidaemia

Hypertension

Hypothyroidism

Multiple sclerosis (MS)

Parkinson's disease

Rheumatoid arthritis

Schizophrenia

Systemic lupus erythematosus

Ulcerative colitis

