REQUEST FOR MEDICAL HISTORY

ONEPLAN Health Insurance

GENERAL

Patient Name:

Policy Number: Claim Number: Date of Birth: Y Y Y Y M M D D

Illness/ Event claimed for:

E-Mail:

In order to review your claim for possible cover the following documentation is required. Submit all the relevant documentation requested to auths@onegrp.co.za or fax 086 555 4730. The claim will be assessed once all the requested documentation is received.

Be advised that there are no charges to release billing records (accounts with diagnostic codes) and pathology or radiology results. There will be charges for a medical report and written medical history. Submission of requested documents is not a guarantee of cover. Any cost incurred in completion of this form will be the responsibility of the Insured or Beneficiary.

Kindly note that as per the terms and conditions of the policy it is the responsibility of the Insured to supply and assist in obtaining any medical history reports from any medical practitioner or facility if requested to do so to enable the Underwriter to entertain any request or authorisation for a claim.

Failure to provide medical records will delay the assessing/ authorisation of the claim.

Kindly submit all relevant reports or as specifically requested or any reports or information that might influence the outcome of the claim.

- Diagnosis or ICD 10 codes and/or procedure codes
- General two year medical history (Appendix B) or billing records
- Motivation for the requested procedure (including the first signs of symptoms and previous treatment received)
- Treatment plan for admission
- X-ray reports
- MRI/CT scan reports
- Sonar reports
- Pathology reports
- Histology reports
- Results of diagnostic procedures (e.g. biopsy or scopes)
- Emergency/ casualty unit record

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Oneplan™ is administered by Oneplan Underwriting Managers (Pty) Ltd, an authorised financial services provider FSP43628. Oneplan is not a benefit option regulated by the Medical Schemes Act, but a non-life insurance product underwritten by Bryte Insurance Company Limited a licensed insurer and an authorised FSP (17703).

Underwritten By Bryte

APPENDIX B

To be completed by treating doctor (Not applicable if billing records was submitted, unless specifically requested)

Full name of Insured:

Policy Number: Name of doctor:

Practice Number: Contact Number:

E-Mail:

Date of first consultation: Y Y Y Y M M D D Date of last consultation: Y Y Y Y M M D D

COMPLETE THE SECTION RELEVANT TO THE INCIDENT

DATE	DESCRIPTION OF ADVICE, DIAGNOSTIC SERVICE, TREATMENT, SURGICAL PROCEDURES AND OR TREATMENT OF INJURIES THAT WAS PROVIDED TO THE CLIENT IN THE PAST 2 YEARS	DIAGNOSIS
Y Y Y Y M M D D		
Y Y Y Y M M D D		
Y Y Y Y M M D D		
Y Y Y Y M M D D		
Y Y Y Y M M D D		
Y Y Y Y M M D D		
Y Y Y Y M M D D		
Y Y Y Y M M D D		
Y Y Y Y M M D D		
Y Y Y Y M M D D		

NAME OF CHRONIC MEDICATION	ORIGINAL FILL OR LAST REFILL DATE	DIAGNOSIS	PRESCRIBING DOCTOR
	Y Y Y Y M M D D		
	Y Y Y Y M M D D		
	Y Y Y Y M M D D		
	Y Y Y Y M M D D		
	Y Y Y Y M M D D		

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DOCTOR STAMP

Signature of investigating officer

Date: Y Y Y Y M M D D

AFFIDAVIT SIGNATURE

I hereby I confirm that the information given above is true.

Full Name(s):

Surname: ID Number:

Signature:

Date: Y Y Y Y M M D D

INITIAL HERE

(010) 001 0141 www.oneplan.co.za
2nd Floor, South Tower, Nelson Mandela Square, Corner Maude & 5th Street, Sandton City, Johannesburg, 2196

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