

Bankmed Wellness Assessments Personal Health Assessment (PHA) & HIV/AIDS Counselling & Testing (HCT)

Please use this form when completing your Wellness Assessments at your Healthcare Professional*.

*Accredited GP, pharmacist, biokineticist or nurse in the Bankmed Wellness Network.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, 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) which takes care of the administration of your membership for the Scheme. Balance (referred to as 'Balance') is the health management and wellness programme developed specifically for Bankmed and its members. Discovery Vitality (referred to as 'Vitality') is a separate company (registration number 1999/07736/07) which carries out business as a Wellness Programme and is appointed by Bankmed to administer Balance.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.

Purpose of this form

Bankmed provides its members with access to Wellness and Preventative Care benefits and Disease Management Programmes designed to improve health outcomes. Wellness screening plays an integral role in the early diagnosis of chronic disease and other risk factors. When chronic diseases and risk factors are diagnosed and identified early, treatment can commence earlier, resulting in better health outcomes and prognosis. Please take this form with you when completing your PHA and/or HCT screening tests with your Healthcare Professional.

Bankmed Personal Health Assessment (PHA)

- The PHA is a health screening tool that highlights any current health risks. As part of your PHA, a Healthcare Professional will measure your cholesterol, blood pressure and blood glucose, as well as calculating your body mass index and waist circumference

HIV/AIDS Counselling and Testing (HCT)

- Before HIV/AIDS screening tests are performed, it is important that members are appropriately counselled and informed about consent, confidentiality, and possible results - various studies have proved that good counselling assists people with informed decision-making, coping with a positive diagnosis, and helps prevent HIV transmission. The HIV/AIDS screening will only be done if you consent to the screening

1. Principal Member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>

2. Personal Health Assessment (to be completed by Healthcare Professional*)

1. Does the member smoke? Yes No

2. Member has been diagnosed with one or more of the following chronic conditions:

Asthma	<input type="checkbox"/>	Cardiac Disease	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Other	<input type="checkbox"/>		

3. Current weight (kg) (to nearest kg) Height (m) (without shoes) Body Mass Index (BMI)
 $BMI = Weight (kg) / Height (m)^2$

4. Blood pressure

Systolic (mmHg)	<input type="text"/>	Diastolic (mmHg)	<input type="text"/>
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5. Total cholesterol HDL (mmol/l) LDL (mmol/l) Triglycerides (mmol/l)

6. Random blood glucose (mmol/l)

7. Waist circumference cm

8. Maternity information

Member currently pregnant? Yes No

If yes, estimated delivery date

Reference table

Total cholesterol

BMI

Waist circumference:

HDL

Random glucose

Women

LDL

Blood pressure

Men

Triglycerides

3. HIV/AIDS Counselling and Testing (to be completed by Healthcare Professional* and member)

HIV/AIDS counselling and testing is voluntary. Before HIV/AIDS screening tests are performed, you must receive counselling

Counselled, not tested

Counselled and agree to be tested

Counselled, agree to be tested and participate in the HIV Disease Management Programme:

I, , in my capacity as member, confirm consent as set out above.

(full name(s) and surname as per ID/passport)

Member's signature

Date

HIV Screening Results

What is the member's known HIV status?

HIV negative: HIV positive: Status unknown:

Screening test:

Negative: Positive: Inconclusive: Not done:

Confirmatory test

Negative: Positive: Inconclusive: Not done:

First test ever? Yes No

First test in 12 months? Yes No

HIV self-reported risk assessment: High Medium Low

TB Screening

Does your patient currently have TB? Yes No

If yes, date TB treatment started:

If no, does your patient have the following:

Persistent cough for longer than two weeks? Yes No

Chest pain or difficulty breathing? Yes No

Fever for longer than two weeks? Yes No

Unexplained significant weight loss? Yes No

Excessive night sweats? Yes No

Presence of blood when coughing up phlegm? Yes No

- TB contact in the patient's household? Yes No
- Sputum sample taken? Yes No
- Patient referred to State clinic Yes No

4. Bankmed Disclosures, Rules, Terms and Conditions

4.1. Bankmed Wellness Assessments

- 4.1.1. Bankmed provides its members with access to Wellness and Preventative Care benefits and Disease Management Programmes designed to improve health outcomes.
- 4.1.2. Following the completion of wellness assessments, members may become eligible for Prescribed Minimum Benefit baskets of care as well as access to Disease Management Programmes that offer additional benefits and services aimed at improving health outcomes.
- 4.1.3. Members aged 18 years and older have access to one PHA per annum.

4.2. Prescribed Minimum Benefits (PMBs)

- 4.2.1. Notwithstanding any provisions to the contrary in this document, the Scheme will fund:
 - 4.2.1.1. 100% of the diagnosis, treatment and care costs of the statutory PMBs, subject to PMB regulations, if those services are obtained from a Designated Service Provider (DSP) in South Africa; or
 - 4.2.1.2. the relevant Scheme Rate for the diagnosis, treatment and care costs of the PMBs if a beneficiary voluntarily accesses PMBs via a non-DSP in South Africa, when provision is made for a DSP; or
 - 4.2.1.3. 100% of cost for involuntary use of a non-DSP in South Africa, subject to PMB regulations.
- 4.2.2. Pre-authorisation, medicine formularies and Scheme protocols (known as "Baskets of Care") may apply.
- 4.2.3. Diagnosis costs are only regarded as a PMB if the result of diagnostic investigations confirms a PMB diagnosis.

4.3. Disease Management Programmes

- 4.3.1. Disease Management Programmes are structured treatment plans that aim to help members better manage their chronic disease and to maintain and improve quality of life through a proactive, multidisciplinary, systematic approach to health care delivery.
- 4.3.2. Disease Management Programmes are also run with the general goal of improving medical treatment in the long term.
- 4.3.3. Disease Management Programmes –
 - 4.3.3.1. Supports the provider-patient relationship and plan of care
 - 4.3.3.2. Optimises patient care through prevention and proactive interventions based on evidence-based guidelines
 - 4.3.3.3. Incorporates patient self-management and education
 - 4.3.3.4. Continuously evaluates health status
 - 4.3.3.5. Measures outcomes
 - 4.3.3.6. May include multidisciplinary teams that may include physicians, pharmacists, nurses, dieticians and psychologists
- 4.3.4. Bankmed is obliged to fund 100% of the diagnosis, treatment and care costs of the statutory Prescribed Minimum Benefits (PMBs), subject to PMB regulations. Members are required to obtain pre-authorisation and register in order to gain access to the PMB baskets of care.
- 4.3.5. Disease Management Programmes are offered over and above the PMB benefit entitlement and require member enrolment in order to access the additional services and benefits under the Disease Management Programme.
- 4.3.6. Enrolment is voluntary.
- 4.3.7. Given that Disease Management Programmes offer benefits and services in excess of the PMB benefit entitlement, members are required to actively participate in the Programme and remain compliance with treatment protocols and requirements.
- 4.3.8. Failure to comply with Disease Management Programme protocols and requirements may result in the termination of access to the Programme and its additional benefits and services.
- 4.3.9. Notwithstanding this, the Scheme will continue to fund 100% of the diagnosis, treatment and care costs of the statutory Prescribed Minimum Benefits (PMBs), subject to PMB regulations.
- 4.3.10. Bankmed's Disease Management Programmes are designed and managed by the Scheme and its administrator.

4.4. Bankmed Rules

- 4.4.1. The Bankmed Rules records your rights and responsibilities pertaining to your membership of Bankmed. They may change from time to time. When you sign this form, you confirm that you have read and understood the Rules and you agree that you will be bound by them.
- 4.4.2. Please access and read the Bankmed Rules on the Bankmed Website.

4.5. Privacy Statement

- 4.5.1. We process your personal information in accordance with the provisions of our Privacy Statement. Please read our Privacy Statement on the Bankmed Website.
- 4.5.2. By accepting these Terms and Conditions and/or by providing personal information to us, you agree and give consent to the provisions of our Privacy Statement. If you do not agree or give consent to us using your personal information, we may not be able to provide our products or services to you. If you believe we have acted contrary to these provisions, please contact us on 0800 BANKMED (0800 226 5633).

4.6. Data Sharing – Wellness Programmes

- 4.6.1. Bankmed provides its members with voluntary access to either Balance or Vitality; both science-based behaviour change programmes that encourage physical activity, healthy eating, and participation in wellness assessments and health checks.

- 4.6.2. Members need to elect to participate in either Balance or Vitality – membership is not automatic nor mandatory.
- 4.6.3. If you elected to participate in either Balance or Vitality, where applicable, you give permission that Bankmed and its administrator may share your medical information, and other relevant Personal Information about you, with either Balance or Vitality, as elected by you, in order to allocate wellness programme points in accordance with the respective wellness programme rules.
- 4.6.4. Balance is administered by Discovery Vitality (Pty) Ltd. Registration number: 1999/007736/07. Terms, conditions and limits apply. Please read the Balance rules on the Balance website.
- 4.6.5. Discovery Vitality Proprietary Limited, (registration number: 1999/007736/07) a wholly owned subsidiary of Discovery Limited (registration number: 1999/007789/06). Discovery is an authorised financial services provider. Terms, conditions and limits apply. Please read the Vitality rules on the Discovery website.

4.7. Confirmation of Consent and Acceptance of Terms and Conditions

Please only sign if you have read and understood the rules and terms and conditions.

I, the undersigned, hereby confirm that:

- 4.7.1. I have consented to voluntarily participate in this wellness assessment.
- 4.7.2. I have read and understood all rules, terms and conditions.
- 4.7.3. By participating in this wellness assessment I agree to be bound by all rules, terms and conditions.
- 4.7.4. I acknowledge that if I am diagnosed with a qualifying chronic condition, the following applies to me insofar as benefits, rules and treatment is concerned:
 - 4.7.4.1. I must obtain preauthorisation to claim for Prescribed Minimum Benefits (PMBs).
 - 4.7.4.2. I must obtain preauthorisation and enrol on a Disease Management Programme, where relevant, in order to access the Disease Management Programme benefits and services.
 - 4.7.4.3. I am required to actively participate in the Disease Management Programme, where I am actively enrolled, and remain compliant with treatment protocols and Programme requirements.
 - 4.7.4.4. I acknowledge that failure to comply with the Disease Management Programme protocols and requirements may result in my Programme access being terminated.
 - 4.7.4.5. Acknowledge that my participation in any Disease Management Programme is voluntary and that any treatment or medicines prescribed, as well as the general management of my healthcare, is the sole responsibility of my Healthcare Professional(s), in consultation with me.
 - 4.7.4.6. Confirm that I understand that neither Bankmed nor its administrator or subsidiaries can be held liable for any claims by me arising from any treatment or medicines prescribed, or arising from the implementation of the Programmes, except as provided for in the Bankmed rules.
- 4.7.5. I have read and understood the Privacy Statement and agree and give consent to the provisions of the Privacy Statement.
- 4.7.6. I authorise Bankmed and its administrator to verify my active membership with either Balance or Vitality. In the event that I have an active membership with either Balance or Vitality, I hereby consent to Bankmed and its administrator sharing relevant medical information, and other relevant Personal Information, with either Balance or Vitality, whichever applies, in order to allocate my wellness programme points.

I, , in my capacity as the member,

(full name(s) and surname as per ID/passport)

with ID/passport number

Signed at: (town or city)

Member's signature Date

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Original hand signature required