

Contact us

Tel: 0800 BANKMED (0800 226 5633) • Private Bag X2, Rivonia 2128 • www.bankmed.co.za

Bankmed GP to Specialist Referral Form

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.

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, maxillo-facial or oral surgeon.

Refer to the second page for information about specialist referrals in an emergency/urgent referral or when it is an elective or planned referral.

How to complete this form

 Please use one letter per block Please sign section three 	
3. Attach all relevant test results to avoid any administrative delays	
4. Please e-mail the completed form 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	e patient's condition and treatment?
1. Patient's details	
Title Initial(s)	
First name(s)	
Surname	
ID or passport number	Date of birth D D M M Y Y Y
Membership number	Cellphone
E-mail	
How does the member want to receive the feedback from the Clinical Advisor	y Panel? E-mail SMS
Complete contact details for the field you selected above	
2. Referring Specialist details	
Practice number Treating H	Healthcare Professional
Telephone (W) (when	a specialist needs to contact you)
Cellphone (where	a specialist needs to contact you)
How do you want to receive the feedback from the Clinical Advisory Panel?	E-mail SMS
Complete contact details for the field you aslested above	

3. Specialist referral and advice		
Date of Specialist consultation	Specialist discipline	
Specialist practice number*	Initial date of	of diagnosis $oxed{\square}$ $oxed{\square}$ $oxed{\square}$ $oxed{M}$ $oxed{M}$ $oxed{M}$ $oxed{Y}$ $oxed{Y}$ $oxed{Y}$
Reason for referral		
ICD-10 codes 1	2. 3. 3.	
Comorbidities		
Detailed clinical history		
Bottailed clinical flictory		
Previous treatment and investigation**		
Current management		
Referring Healthcare Professional's signature		
* For a list of specialists on the Bankmed Specialist Network list, go to <u>www.bankmed.co.za</u>		
** NB PLEASE ATTACH THE RELEVANT TEST	-	
4. Bankmed GP to Specialist Referral Process		
Emergency specialist referral	→ Refer the member to a casualty unit at a Ban	kmed network hospital for emergency or
(24 hours from GP visit)	urgent treatment. No authorisation is needed.	
	This form does not need to be completed.	
For urgent referrals	→ Obtain an urgent specialist authorisation from the Bankmed contact centre by calling	
(member needs to see the specialist for a medical condition within 48 hours from seeing the GP)	0800 226 5633 . Authorisation will be given if the case meets the requirements for an urgent referral.	
Planned/elective specialist referral	→ GP must complete the GP to Specialist	→ Bankmed will review the request and
(member needs to see the specialist for a medical condition but not within 48 hours from	form. Please e-mail the completed form to	approve, decline or advise on the outcome.
seeing the GP)	specialistauth@bankmed.co.za for review and attach any test results or motivations.	
	NOTE: Bankmed GPs that make use of HeathID can submit GP to specialist referral	
	requests via the HealthID functionality on the Health Professional Zone.	

All requests for specialist referral will be reviewed by a Clinical Advisor. Confirmation of the Clinical Advisory Panel's decision will be provided within two working days.