CHRONIC MEDICINE APPLICATION FORM

A. APPLICATION PROCESS

1. Complete one application form per patient.
2. The completed and signed application form can be emailed to medicine@bestmed.co.za.
3. Incomplete application forms will NOT be processed.
4. Registration of the medicine will only be given from the date on which Bestmed receives the fully completed application. No authorisations will be backdated.
5. If the medicine and/or dosage has changed, it is not necessary to complete an application form. Bestmed will only require a copy of the new prescription with the relevant ICD-10 code(s).
6. Certain conditions, may require additional information in order to extend the authorisation period.
7. Bestmed will cover the cost, at Scheme tariff, of the first application form completed. Thereafter, the cost of completing any additional forms will be paid from the available acute benefits / savings account, also at Scheme tariff.
8. **Please refer to your product brochure for the conditions covered on your chosen benefit option.**
9. **Note that Bestmed will require specific documentation related to the conditions in the table below. Please ensure that these criteria are followed in order to facilitate your request.**

If you have any enquiries, please contact Bestmed on 086 000 2378 (Monday to Friday - 08:00 to 17:00), email medicine@bestmed.co.za or alternatively refer to the benefit brochure for more comprehensive details. The information is also available on our website at www.bestmed.co.za.

DISCLAIMER: Should a dispute arise with regard to any benefit, the registered Rules of Bestmed as approved by the Registrar of Medical Schemes shall prevail. A copy of the Scheme Rules may be requested at any time.

CONDITION	SPECIFIC REQUIREMENT
Addison's disease	Prescription required from endocrinologist or specialist physician.
Ankylosing spondylitis	Prescription required from a rheumatologist or specialist physician.
Anaemia	Most recent laboratory report required.
Alzheimer's disease	Mini-mental state examination (MMSE) required together with a prescription.
Autism	Prescription required from a paediatrician, paediatric neurologist or child psychiatrist.
Bipolar mood disorder and Schizophrenia	Prescription is required from a psychiatrist
Blepharospasm	Prescription required from a neurologist together with a motivation.
Bronchiectasis and pulmonary interstitial fibrosis	Prescription required from a pulmonologist or specialist physician, or a paediatrician (in the case of a child).
Cerebral Palsy	Prescription required from a neurosurgeon, neurologist, paediatric neurologist or paediatrician. Attach supporting clinical diagnostic report.
Collagen disease / scleroderma and Paget's disease	Prescription required from a specialist physician.
Crohn's disease and ulcerative colitis	Prescription required from a gastroenterologist or specialist physician with motivation and supporting documentation.
Chronic obstructive pulmonary disease (COPD)	Lung function test (LFT) report is required which includes the FEV1/FVC and FEV1 post bronchodilator use.
Chronic renal disease	Application form must be completed by a nephrologist or specialist physician. Attach supporting laboratory reports.
Diabetes mellitus (Type 2)	Submit HbA1c blood test results and/or fasting blood glucose results, pre-treatment value and current values.
Diabetes insipidus	Application form must be completed by an endocrinologist or specialist physician.
Epilepsy	EEG report must be submitted if the application is from a family practitioner, or a prescription from the neurologist is required or a paediatrician (in the case of a child).

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Haemophilia	Prescription required from a specialist physician. For initial applications: attach a laboratory report reflecting factor VIII or IX levels. For medicine fill release: dosing chart is required.
Hyperlipidaemia	Lipogram results required
Major depression and Obsessive compulsive disorder	▪ Prescription is required from a psychiatrist. ▪ A family practitioner may prescribe the following treatment: fluoxetine, citalopram, escitalopram, sertraline, paroxetine and tricyclic antidepressants
Multiple sclerosis	Prescription required from a neurologist with supporting scans for initial applications. Attach a report from a neurologist for applications for biologicals indicating: a. Relapsing – remitting history b. Extended disability status score (EDSS)
Osteoporosis	Most recent Bone Mineral Density (BMD) test results required
Oxygen therapy	For initial applications: ▪ Prescription from doctor should accompany all oxygen service provider request forms ▪ Recent blood gas report For extensions: Compliance report with meter readings.
Polyarteritis nodosa / psoriatic arthritis and Sjögren's syndrome	Application form must be completed by a rheumatologist or specialist physician.
Rheumatoid arthritis	Prescription required from a rheumatologist. A family practitioner may also submit a prescription along with the pathology report

CHRONIC MEDICINE APPLICATION FORM

Sections 1, 2 and 3 must be completed by the member.

Sections 4 and 5 must be completed by a medical practitioner.

1. PARTICULARS OF THE PATIENT

Surname

First name

Membership number

Date of birth D D M M Y Y Y Y

Does the patient smoke? Yes No

Did the patient smoke in the past? Yes No

Hysterectomy Yes No

Height cm

Weight kg

Gender M F

Dependant code

2. PATIENT'S CONSENT

I irrevocably hereby grant permission on behalf of myself as well as on behalf of my dependant(s), if applicable, to any physician, person or party who may be in possession of or obtain information concerning my state of health or that of my dependant(s), treatment received or expected as well as any other relevant information to divulge such information to Bestmed or its proxy, on demand, also after my death or that of my dependant(s). I understand that this information together with other information will be used to manage my health or that of my dependant(s) and to evaluate the payment of benefits for certain medical conditions. I guarantee that I have obtained my dependant(s) consent to grant authorisation.

Signature of applicant

Date D D M M Y Y Y Y

PLEASE NOTE:

- Chronic benefits are granted according to the Bestmed formulary per condition per benefit option.
- The formularies are available on the Bestmed website at www.bestmed.co.za
- If non-formulary medicine does qualify for benefits, it will be subject to an additional co-payment.

3. POPIA PROVISIONS FOR APPLICANT

Personal Information Processing Notice: Membership Administration and Scheme Purposes

Bestmed Medical Scheme is required to process personal information, including special personal information such as health information, in order to assess, conclude, continue, administer and manage your membership and the membership of your registered dependants.

This notice explains why Bestmed collects and uses personal information, the lawful grounds relied on, and where further information can be found.

1. **Information we process**

   Bestmed may process personal information relating to you, your spouse, partner, children and other dependants, including: personal and contact details; identity, passport, tax and demographic information; banking and payment information; employment and income information where relevant to your selected benefit option; dependant and family relationship information; previous medical scheme membership information; claims, benefits, treatment, authorisation and healthcare provider information; medical history, diagnosis, medication, disability, pregnancy, HIV/AIDS and other health-related information where required for underwriting, claims, benefits, managed care and Scheme administration; and communications with you, your dependants, healthcare providers, brokers, administrators and service providers.

2. **Why we process the information**

   Bestmed processes this information for lawful Scheme purposes, including to: assess and process your application for membership or continuation of membership; verify identity, eligibility and dependant status; determine and administer the applicable benefit option, contributions, waiting periods, late-joiner penalties and underwriting requirements; administer debit orders, refunds and contribution payments; assess, authorise and pay claims and benefits; manage chronic, prescribed minimum benefit, managed care and other benefit processes; communicate with you and, where appropriate, your adult dependants; comply with the Medical Schemes Act, tax, financial, regulatory, audit and record-keeping obligations; prevent, detect and investigate fraud, non-disclosure, abuse or irregular claims; obtain or share information with healthcare providers, administrators, managed care providers, brokers, contracted service providers, banks, regulators and other persons where necessary for Scheme purposes; conduct reporting, analytics, actuarial, risk, quality assurance, research and statistical activities using appropriate safeguards; and enforce or defend Bestmed's rights and obligations.

3. **Lawful basis for processing**

   Bestmed does not rely on consent as the sole basis for processing personal information required for membership.

   Depending on the purpose, Bestmed processes personal information where processing is necessary to take steps relating to your application or to perform and administer the membership relationship; to comply with obligations imposed by law; to protect your or your dependants' legitimate interests, including access to healthcare funding and benefits; and to pursue Bestmed's legitimate interests or those of relevant third parties, including Scheme administration, claims management, fraud prevention, risk management and regulatory compliance.

Where the Protection of Personal Information Act 4 of 2013 ("POPIA"), or another law, requires consent or authorisation for a specific activity, Bestmed will request it separately or include it clearly in the relevant form.

Where you have appointed, or continue to be represented by, a broker who is accredited and registered to render broker services in relation to your membership ("your Broker"), Bestmed and your Broker each act as separate responsible parties in relation to your personal information and that of your registered dependants, as contemplated in POPIA. Your Broker does not process your personal information on Bestmed's behalf, under Bestmed's instruction, or as Bestmed's operator; your Broker processes it in order to perform the mandate you have given your Broker and to comply with your Broker's own obligations under the Financial Advisory and Intermediary Services Act 37 of 2002, the Medical Schemes Act 131 of 1998, and other applicable laws governing broker services. Bestmed processes and discloses your personal information to your Broker in order to perform Bestmed's own obligations to you as a member of the Scheme, and to enable your Broker to perform its obligations to you as your appointed intermediary.

4. Mandatory information

The information requested in this form is generally mandatory where it is required to assess, conclude, continue or administer membership, register dependants, determine contributions and benefits, apply underwriting rules, process claims, comply with legal obligations, or protect the Scheme against non-disclosure, fraud or abuse.

Failure to provide required information, or providing incomplete or inaccurate information, may result in Bestmed being unable to process the application, register a dependant, administer benefits, assess claims, apply the correct underwriting terms, pay refunds, comply with legal obligations, or continue membership.

5. Information about dependants and other persons

Where you provide information about your spouse, partner, child or other dependant, you confirm that you are authorised to provide that information for Scheme membership purposes. Where the dependant is a child, you confirm that you are a competent person for purposes of POPIA, where applicable.

Bestmed may communicate directly with adult dependants about their own personal information and benefits where appropriate and in line with POPIA, Scheme Rules and applicable law.

6. Sources of information

Bestmed may collect personal information directly from you or from other lawful sources where necessary for Scheme purposes. These sources may include your dependants, healthcare providers, hospitals, pharmacies, previous medical schemes, brokers, employers where applicable, administrators, managed care providers, banks, regulators, fraud-prevention bodies and other service providers.

7. Sharing of information

7.1 Bestmed may share personal information with persons and organisations where necessary for the purposes described in this notice. These may include administrators, managed care providers, healthcare providers, hospitals, pharmacies, banks, payment service providers, IT and data service providers, auditors, professional advisers, regulators, statutory bodies, law enforcement authorities, fraud-prevention bodies, your Broker, and other contracted operators or service providers.

7.2 Bestmed requires operators and service providers who process personal information on its behalf to protect the information and process it only for authorised purposes.

7.3 Your Broker is not an operator or service provider of Bestmed. Where you have appointed a broker, Bestmed and your Broker each process your personal information as separate responsible parties, and Bestmed shares your personal information with your Broker where necessary for your Broker to perform its mandate and for Bestmed to perform its obligations to you, as further described in Bestmed's Data Protection and Privacy Policy.

7.4 In order to give effect to your Broker's mandate, Bestmed may disclose the following categories of your personal information, and that of your registered dependants, to your Broker:

- Biographical information, including membership number, ID number, date of birth, postal and residential address, email address and contact numbers;
- Benefit information, including benefit option, available benefits, limits applicable to your benefit option, status of authorisations and waiting period information;
- Financial information, including monthly subscription, balance due or outstanding, available medical savings account balance, membership certificate and tax certificate; and
- Medical information, including chronic or prescribed minimum benefit conditions, claim transaction history, medication used, and medical procedures performed, including procedure codes.

7.5 By appointing, retaining or continuing to be represented by a broker in connection with your membership, you acknowledge and accept that: (a) it is necessary for Bestmed to disclose your personal information, and that of your registered dependants, to your Broker to the extent described above, in order for your Broker to perform its mandate and for Bestmed to perform its obligations to you as a member; (b) Bestmed does not rely on your consent as the sole basis for this disclosure, and processes and discloses such personal information where necessary to perform its obligations to you, to protect your legitimate interests as a member, and in pursuit of the legitimate interests of Bestmed and of your Broker, as contemplated in sections 11(1)(b), (d) and (f) of POPIA; (c) you or your Broker may terminate the broker's appointment at any time by written notice to Bestmed, following which Bestmed will not disclose further personal information to that broker, save to the extent still required by law or to complete a transaction already in progress; and (d) Bestmed will not be liable to you for any loss you may suffer arising from a disclosure of personal information to your Broker made in accordance with this clause, save to the extent that such loss arises from Bestmed's own negligence, willful misconduct, or a breach by Bestmed of its obligations under POPIA.

8. Cross-border processing

Bestmed may transfer or store personal information outside South Africa where this is necessary for Scheme administration, technology, support, service delivery, reporting or other lawful purposes. Where this occurs, Bestmed will take reasonable steps to ensure that the information receives appropriate protection as required by POPIA.

9. Retention

Bestmed will retain personal information for as long as reasonably required for the purposes for which it was collected, including membership administration, claims and benefits management, legal, regulatory, tax, audit, dispute-resolution, fraud-prevention and record-keeping purposes.

10. Privacy Policy and data subject rights

Further details about how Bestmed processes personal information, protects information, retains records, handles cross-border transfers and gives effect to data subject rights are available in Bestmed's Data Protection and Privacy Policy, available on Bestmed's website or on request.

You have rights under POPIA, including the right to request access to your personal information, request correction or deletion where applicable, object to processing in appropriate circumstances, and lodge a complaint with the Information Regulator.

11. Optional marketing and wellness communications

Bestmed may send you legally required communications and important membership, benefit, contribution, claims, tax, Scheme Rules, service and health-related information. These communications form part of Scheme administration and are not optional marketing.

Bestmed may also send you optional marketing or promotional communications about Bestmed products, services, wellness initiatives, newsletters or additional benefit information, where permitted by law.

Please indicate your preference:

☐ Yes, I agree to receive optional marketing and promotional communications from Bestmed.

☐ No, I do not agree to receive optional marketing and promotional communications from Bestmed.

You may change your marketing preference or opt out of optional marketing communications at any time. Opting out of optional marketing will not affect mandatory membership, benefit, claims, legal or Scheme administration communications.

12. Applicant acknowledgement

By signing this form, I acknowledge that I have been notified of the processing of personal information by Bestmed for the purposes described above and in Bestmed's Data Protection and Privacy Policy. I understand that the processing of required personal information is necessary for Bestmed to assess, conclude, continue, administer and manage membership and related Scheme purposes.

		D	D	M	M	Y	Y	Y	Y

Signature of applicant

IMPORTANT

Without the correct diagnosis codes (ICD-10 codes), the application cannot be processed. If this is a first-time application and the patient was registered for chronic medication at the previous medical scheme, please submit a copy of the previous chronic authorisation letter.

4. MEDICINE BENEFITS APPLIED FOR

(Please list all the medicine that is used for a specific condition. This new authorisation will supersede all previous authorisations for the same condition.)

Patient name and surname ______________________ Membership number ______________ Dependant code __________

ICD-10 CODE	NAME & STRENGTH OF MEDICINE PRESCRIBED AND SELECTED FROM THE APPROPRIATE BESTMED FORMULARY	DOSAGE	QUANTITY PER MONTH	HOW LONG HAS PATIENT BEEN ON MEDICINE?	HOW MANY REPEATS?

List medicine to be stopped or discontinued ______________________

5. DECLARATION OF ATTENDING DOCTOR

I declare that to the best of my knowledge, all the above information is true and accurate, based on the examinations and tests performed on this patient.

Surname ______________________ Initials __________

Discipline ______________________ Practice number __________

Tel (W) __________ Fax __________

Email ______________________

____
Doctor's signature

Date D D M M Y Y Y Y