

# Application for out-of-hospital Prescribed Minimum Benefit (PMB)



## Claims queries

**Important to note: This form is for retrospective out-of-hospital PMB claims for healthcare providers. Please allow up to 10 business days for a response.**

### How to use this form:

Please complete all relevant sections and email the completed form with the supporting documentation to **enquiries@gems.gov.za** or fax to **0861 00 4367**.

### Purpose of this form:

This form applies to retrospective out-of-hospital claims that are to be reviewed for payment as a Prescribed Minimum Benefit (PMB).

A medical emergency is defined in the Medical Scheme's Act (MSA) as the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

Urgent or unplanned events are not automatically classified as an emergency.

#### Only complete this form if your query meets ALL the criteria below.

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Your out-of-hospital PMB claim has previously been submitted and was short paid/not paid. |
| <input type="checkbox"/> | The PMB claim was incurred out of hospital.   |
| <input type="checkbox"/> | The claim does not relate to oncology treatment, appliances or chronic medication.        |

### Section A: Patient details

Membership No.	<input type="text"/>	Benefit Option	<input type="text"/>
Patient Name	<input type="text"/>		
Patient Surname	<input type="text"/>		
Dependant Code	<input type="text"/>	Patient ID No.	<input type="text"/>

### Section B: Provider details

Practice No.	<input type="text"/>
Patient Name	<input type="text"/>
Discipline	<input type="text"/>
Contact No.	<input type="text"/>
Email address	<input type="text"/>

## Section C: Reason for enquiry

Service date		ICD-10 code	PMB code description	Tariff code	Tariff code description	Fees charged	Qty of tariff code	Benefit paid
From	To							

Final diagnosis:

## Section D: Supporting information

Please provide clinical information relating to the patient's symptoms and clinical findings, including vital signs, pathology reports, radiology reports and the treatment provided.

Doctor's Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Name and surname \_\_\_\_\_