

Priority Plan downgrade form 2024

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, www.discovery.co.za, PO Box 784262, Sandton 2146. 1 Discovery Place, Sandton 2196.

Purpose of the form

This form is to apply for a change from your current Priority health plan to another health plan.

- Fill in the form in black ink and print clearly, or complete the form digitally. You can access a list of the approved digital signatures from www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the main applicant. The main applicant must sign and date any changes.
- Email your completed and signed form to administration@discovery.co.za.

Main member details

Membership number	<input type="text"/>								
Title	<input type="text"/>								
ID/passport number	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>								
Surname	<input type="text"/>								
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Email	<input type="text"/>								

To downgrade to the Plan, we need your confirmation that

there is no hospitalisation planned or pending for any beneficiaries on the membership for any of the procedures listed below, as you will be responsible to pay the respective amount for the planned procedure.

Effective date of plan change

All procedures with upfront payments for the Classic Priority and Essential Priority Plans are listed below.

Procedure	Amount
Conservative back and neck treatment	R4 550
Myringotomy (grommets)	R4 550
Tonsillectomy, adenoidectomy	R4 550
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	Day clinic account R4 300 Hospital account R6 900, this co-payment will reduce to R5 600 if performed by a doctor who is part of the Scheme's value-based network
If both a gastroscopy and colonoscopy are performed in the same admission:	Day clinic account R5 250 Hospital account R8 650, this co-payment will reduce to R7 050 if performed by a doctor who is part of the Scheme's value-based network Upfront payments for scopes performed outside of the Day Surgery Network: Where a scope is performed in a facility outside of the Day Surgery Network an upfront payment of R6 650 will apply, except if performed in a hospital outside the Day Surgery Network where an upfront payment of R6 900 will apply. Where both a gastroscopy and colonoscopy are performed the upfront payment of R8 150 will apply

Arthroscopy	R10 600
Functional nasal procedures	R10 600
Hysterectomy, except for pre-operatively diagnosed cancer	R10 600
Laparoscopy, hysteroscopy, endometrial ablation This applies to gynaecological laparoscopies (female reproductive system)	R10 600
Spinal (back and neck) surgery	R21 800
Joint replacements	R21 800
Nissen fundoplication (reflux surgery)	R21 800

I, declare that there is no hospitalisation/treatment planned or pending for any of the procedures listed above for any beneficiaries on my membership.

Signature of main member

Date

 Please only sign if information is true, complete and correct.