BMW Employees Medical Aid Society

Administered by Discovery Health

Contact details
Tel: 0860 002 107 • PO Box 652509, Benmore 2010 • www.bemas.co.za

Pre-assessment request

Who we are
The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, 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). We take care of the administration of your membership for BEMAS.
When you sign this pre-assessment request you confirm that information provided is true and correct.
When you sign this form, you are requesting BMW Medical Aid Society to provide you with a quotation for a procedure you or a dependant is scheduled to have. This will enable you to compare the costs that your service providers have given you, with what your health plan will pay.
Please note: You need to obtain an authorisation number from the preauthorisations department first before we can assist you with a preassessment request. To authorise the procedure, please call 0860 002 107. You will need the following information when you contact our preauthorisations department:

• Date of service
• Treatment and ICD-10 codes
• Practice numbers for the hospital and the treating doctor
Your doctor can provide you with this information.
If you have any questions, please let us know. Once we have assessed your request, we will provide you with a quote letter.
How to complete this form
• Please use one letter per block, complete in black ink and print clearly.
• To avoid unnecessary delays, please
– complete all sections. We cannot provide you with a pre-assessment if section 5 is not completed.
– include all information, including the authorisation number
• Fax the completed and signed form to **011 539 1044** or email it to **PREASSESSMENT_REQUESTS@bemas.co.za**

1. Important details about pre-assessments

A pre-assessment helps you to understand your cover and any shortfalls you may have to pay
• With a completed pre-assessment, you are able to compare the costs that your service provider charged with the costs that your health plan will cover. It helps you to understand any financial implications beforehand.
• A pre-assessment is a quote and does not guarantee payment.

A pre-assessment is done on request and you need to ask for it before having the procedure
• We will only do a pre-assessment before the procedure is done and we have issued an authorisation.
• We need at least seven working days to complete the assessment.

A pre-assessment does not replace the authorisation you need from the Society
• This is only a guideline for costs and what the Society will pay according to your plan type and Society Rules – you still need to obtain the relevant authorisation before the procedure is done.
• Please note that we will only pay for the codes received according to this quote. If your doctor changes or adds codes to this quote, we cannot accept any responsibility for the difference in cover.

We will send a completed assessment letter to you
• Because the information in a pre-assessment form is confidential, we will send the completed assessment letter to you only.
• We will send the completed assessment letter using the preferred communication channel given in this form. If you do not give us an email address or fax number or if the details do not belong to you, we will post it to the address we have on our records for you.

Contact us if you have any questions about this pre-assessment form
If you need to check or query anything about this application, please call us on 0860 002 107.

2. About the main member

Membership number	
Surname	
First names	
ID or passport number	

BEMPR001

Please note that this form expires on 31/03/2025. The latest version of the application form is available on www.bemas.co.za. Alternatively members can phone 0860 002 107 and health professionals can phone 0860 44 55 66.

Postal address

PO Box | Private bag | Box number

Suite | Postnet Suite | Number

Suburb | Postal code

Physical address

Suite or unit Number | Complex name

Street number | Street name

Suburb | Postal code

Telephone (H) | (W)

Cellphone

Email

Please choose a date you want cover to start for all dependant/s you are applying for. This date must be the same for all your dependant/s applying for cover.

Cover start date D D M M Y Y Y Y

3. Patient details

Title | Initials

First name(s) (as per identity document)

Relationship to main member

How would you prefer to receive the assessment letter? Email | Fax | Post

Will the procedure be done in- or out-of-hospital? In | Out

Was a benefit authorisation number requested for the procedure from the Society? Yes | No

If yes, please provide the benefit authorisation number

4. Doctor or healthcare professional's details

Name

Billing practice number

Treating practice number | Contact number

Date of treatment D D M M Y Y Y Y

5. Details about the procedure

When will procedure be done? D D M M Y Y Y Y

Where will the procedure be done? In hospital or day clinic | Other facility instead of in hospital

Please give authorisation number for this procedure

Procedure information
Please provide a separate rand value for each procedure code. We will not be able to assess estimated or combined amounts.

Codes from your healthcare professional
We need the treatment and procedure codes to make sure we all refer to the same procedures and products. Please provide the ICD-10 diagnosis code and all the procedure and product codes.
(An ICD-10 code describes your diagnosis and contains numbers and letters, for example Tonsillitis could be coded as J35.0. An ICD-10 code may be 3, 4 or 5 characters in length. Procedure codes are 4-5 digits long and product codes are 6-9 digits long).

ICD-10 diagnosis code:

Practice number	Procedure code	Rand value		Practice number	Procedure code	Rand value

Please note:
If your healthcare professional gave you more codes than there are lines available on this form, you can attach extra pages. If you do add a page, it is very important that you include the practice number, codes and rand values for every code.
You can also attach the quotations you received from your healthcare professionals to this form, but please make sure that the practice numbers, procedure codes and rand values are included for every code on the quotation.

Signed at (town or city) _____ on D D M M Y Y Y Y

Signature of main member _____

Please do not sign an incomplete form