SABMAS Application for Out of Hospital Dialysis

Contact details
Tel: 0860 002 133 • PO Box 10436, Johannesburg, 2000 • www.sabmas.co.za

Who we are

SAB Medical Aid (referred to as 'the Scheme'), registration number 1209, is a non-profit organisation, registered with the Council for Medical Schemes. 3Sixty Health (Pty) Ltd, registration number 1978/001109/07, is an accredited administration and managed care service provider responsible for administration of your membership on behalf of the Scheme.

How to compete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. The patient must complete section 1.
3. The treating physician or nephrologists complete section 2 and 3.
4. Please email the completed and signed form to chronicqueries@sabmas.co.za.

1. Patient's details

Full name

Telephone number

Fax number

Email

Membership number

Patients signature

(if patient is a minor, main member to sign)

2. Treating doctor's details

Name

Surname

Telephone number

Fax number

Proposed centre for chronic renal dialysis

Practice number

Email

3. Additional information

ICD-code description

Date when condition was first diagnosed D D M M Y Y Y Y

Diagnosis

I confirm that I have checked the accuracy of the information supplied in this application. I confirm that I have received the patient's consent to disclose medical information in this form to the Scheme and 3Sixty Health (Pty) Limited.

Treating doctor's signature

Date D D M M Y Y Y Y

Diagnosis	Yes	No	If "Yes" , please provide further detail	Yes	No
Terminal stage of cancer	☐	☐			
Advanced, irreversible progressive disease of vital organs	☐	☐	• Advanced cirrhosis and liver disease	☐	☐
			• Lung disease	☐	☐
			• Cardiac, cerebro-vascular or vascular disease	☐	☐
			• Medically or surgically irreversible coronary artery disease	☐	☐
			• Unresponsive infections for example HPV, Hepatitis B and C	☐	☐
HIV and AIDS	☐	☐	• Have access to antiretroviral treatment	☐	☐
			• Have access to a comprehensive HIV and AIDS treatment	☐	☐
Psychological conditions	☐	☐	• Active substance abuse or dependency	☐	☐
			• Any form of mental illness that has resulted in diminished capacity for patients to take responsibility for their actions	☐	☐