



PO Box 14145, Lyttelton, 0140
Client Service Centre: 0860 671 050
Fax: 0860 111 390
Email: info@keyhealthmedical.co.za

Posbus
Vaalpark
1948

01 September 2015

Request for treatment out of hospital

The outcome of the request for treatment / appliances is as follows:

| | |
|-------------------|----------|
| Member | |
| Membership Number | |
| Patient | |
| Dependant Code | 02 |
| Option | Platinum |
| Authorisation No. | None |

GENERAL

1. No authorisation has been allocated for the requested treatment/procedure.
2. Please refer to the authorisation schedule and notes for more detail.
3. For any queries contact the Case Manager on 0860 671 060, Fax 012 679 4471 or email preauth@keyhealthmedical.co.za.

| | |
|-------------------|----------|
| Member | |
| Membership Number | |
| Patient | |
| Dependant Code | 02 |
| Option | Platinum |

| CONDITION | |
|-----------|----------------------|
| Code | Description |
| F43.2 | Adjustment Disorders |

| TARIFF / NAPPI CODES | | | | | | | | |
|----------------------|-------|-----------------------|-----|-----------|---------|------------------|-------------|-------------|
| Provider | Code | Description | QTY | Follow Up | Status* | Rejection Reason | Date From | Date To |
| 8625700 | 86208 | Psychology assessment | | | R | | 01 Aug 2015 | 31 Dec 2015 |
| 8625700 | 86205 | Psychology assessment | | | R | | 01 Aug 2015 | 31 Dec 2015 |

* Funding status indicator: A - Funding Approved, P - Funding Pending, R - Funding Rejected

| NOTES / REASONS |
|---|
| Keyhealth doesn't fund the services of an Educational psychologist. |

Authorisation is subject to available outpatient psychiatric benefit.

KeyHealth make use of a Designated Service Provider Network for Specialists: OneCare

Members have the choice to make use of a DSP provider, or may choose to remain with the same healthcare provider. If the member chooses to stay with the non-DSP provider, KeyHealth will then pay the non-DSP related providers accounts at 100% of the Medical Scheme Rate and the member will be responsible for the shortfall. Information available on page 32 in the member guide.

Please complete "Outpatient Psychiatric Treatment Form" and send to: psych@keyhealthmedical.co.za

Kind regards

KeyHealth

KeyHealth Medical Scheme