



## PRESCRIBED MINIMUM BENEFITS (PMB) APPLICATION

### SECTION A: IMPORTANT INFORMATION

1. An application must be completed per beneficiary applying for funding.
2. You will receive communication regarding the outcome of this application.
3. The Scheme has a basket of diagnostic tests and consultations for each Chronic Disease List (CDL) Prescribed Minimum Benefit (PMB) condition.
4. Please attach the relevant claims to this form or alternatively complete the section for previously processed claims below.
5. Send completed forms to pmbapps@momentumtyb.co.za.

### SECTION B: RULES APPLICABLE TO THE PRESCRIBED MINIMUM BENEFITS

1. The Scheme has selected the State as well as certain private service providers as the Designated Service Provider (DSP).
2. Should members voluntarily obtain a service from a provider other than the DSP, we will cover their claims as per the Scheme rules, i.e. subject to benefit limits and co-payments if applicable.
3. A claim will also be considered if a non-DSP has been used involuntarily.
4. If you require any further information or clarity regarding the funding and management of PMBs please contact us on 0800 001 607 or visit our website www.bpmas.co.za.

### SECTION C: PATIENT INFORMATION (to be completed by member)

Scheme: Option:  
Full Name: Medical Aid Number:  
ID/passport Number: Date of Birth:  
Tel Number: Cell Number:  
Email Address:  
Postal Address:

Preferred form of communication (please tick one option): Tel  Cell  Email

### SECTION D: DETAILS OF THE MEDICAL CONDITION (to be completed by doctor)

Please complete the table below regarding the PMB claim category type.

Condition (ICD10 in brackets)	Tariff code	Quantity	Motivation

Attach relevant supporting documentation, e.g. pathology results. If the application is for psychotherapy treatment of Major Depressive Disorder, the scheme will require the latest DSM V form including the GAF (Global Assessment of Functioning) score.

#### Doctor's Details

Surname: Initials: Practice Number:  
Contact Number: Signature: Date:

