

Renal Dialysis Application form

Directions

Circle, Mark and complete all applicable sections and fax to Bestmed

SECTION A

Member Name:
Member Number:
Option:
Dependant Code:

Name of Provider:
Practice Number (e.g. 14/15/18)
Contact Details:

Dialysis Company Name:
Practice Number:e.g.75...
Contact Details:
Contact Person:

SECTION B

Medical History:

Psychopathology e.g. Schizophrenia	YES	NO
Cerebrovascular Disease,Peripheral Vascular disease	YES	NO
Known Substance Abuse?	YES	NO
Metastatic Malignancy?	YES	NO
Is the patient medically fit/clinically fit for a transplant?	YES	NO
HIV Status- Positive?	YES	NO
Chronic lung disease?	YES	NO
Other diseases?		

SECTION C

Reason for Kidney Failure:
Current Medication:
ICD 10 Code:
Start Date:
End Date:
Acute Cases:(indicate number of sessions):

SECTION D

Types of Dialysis(Mark with an "X")

Procedure I: Chronic Haemodialysis	(75148)
Procedure II: Continuous Ambulatory Peritoneal Dialysis	(75176)
ProcedureIII:Automated Peritoneal Dialysis	(75177)
Procedure IV:Hemofiltration	(75150)

Please attach all applicable pathology reports!

Comments:

Contact Person:Sister Sister Mokgadi. Fax: 012 472 6780