



Chronic medicine application form

Enquiries: 086 0100 678

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www.medihelp.co.za

Section 1: To be completed by the patient

Details of main member

Title _____

ID-number

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Surname _____

Initials

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Plan _____

Member number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Details of patient

Title _____

ID-number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname _____

Initials

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone number (H)

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Gender

Male	Female
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Cell phone number

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Telephone number (W)

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Email address _____

Weight _____

Smoking

Yes	No
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Height _____

Physical activity

Low	Moderate	Vigorous
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Consent of patient

I give permission to Medihelp to have access to and process all information that is relevant to this application. The information supplied will be used for the purposes of this chronic medicine application form and related matters.

I understand and declare that my application shall be voided should any information supplied by me be false or incomplete. I grant permission to my doctor to state the diagnosis of my medical condition on this form and understand that the information on this application form will remain confidential at all times. I understand that authorisation is subject to clinical entry criteria and algorithms as determined by Medihelp.

Signature of patient

(parent/guardian if minor)

Date

y	y	y	y	m	m	d	d
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Section 2: To be completed by the medical doctor

Information of medical doctor

Initials and surname _____

Type of practitioner (eg general practitioner) _____

Practice number _____

Telephone number _____

Email address _____

I declare that, to the best of my knowledge, all the information provided in this application is true and accurate. I acknowledge that Medihelp can only make informed reimbursement decisions if supplied with all relevant information about the patient's condition.

Signature

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Date

y	y	y	y	m	m	d	d
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Required criteria for approval of PMB chronic medicine benefits

Members can apply for **PMB medicine** benefits for the following 26 chronic conditions on the Chronic Diseases List (CDL). It is imperative that a patient **meets the criteria** as stipulated in the application form when applying for benefits for these conditions. Please note that cover is subject to clinical entry criteria and protocols. The following details are provided for your information only and should kindly not be returned to Medihelp with your application. In the case of **MedMove!, MedVital Elect, MedAdd Elect, and MedPrime Elect members**, the relevant formulary must be consulted before medicines for PMB conditions are prescribed. Medihelp reserves the right to request additional information should this be required for specialised medicine or out-of-protocol medicine requests.

PMB condition	Requirements for all benefit options
Addison's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by an endocrinologist, specialist physician, or paediatrician
Asthma	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Bipolar disorder	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist in case of a new application If diagnosed by a general practitioner, confirmation of the diagnosis by a psychiatrist within six months of a new application
Bronchiectasis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a pulmonologist, specialist physician or paediatrician
Cardiac failure	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Cardiomyopathy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a cardiologist, specialist physician, or paediatrician
Chronic obstructive pulmonary disease (COPD)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor A lung function test indicating both the FEV1/FVC and FEV1 post-bronchodilator values
Chronic renal disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a nephrologist, specialist physician, or paediatrician in case of a new application Diagnostic serum creatinine clearance results or glomerular filtration rate (GFR) in case of a new application (please attach pathology results) Haemoglobin results if applying for erythropoietin
Coronary artery disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Crohn's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a gastroenterologist, specialist physician, surgeon, or paediatrician
Diabetes insipidus	<ul style="list-style-type: none"> ICD-10 code and diagnosis by an endocrinologist
Diabetes mellitus type 1	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Diabetes mellitus type 2	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor Diagnostic fasting plasma glucose, random blood glucose, two-hour post-load glucose or glycated haemoglobin A1c (HbA1c) results in case of a new application (please attach pathology results which confirmed your initial diagnosis) Complete the application form for diabetes mellitus type 2 in section 4
Dysrhythmia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Epilepsy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist, specialist physician, paediatrician, or geriatrician in case of a new application
Glaucoma	<ul style="list-style-type: none"> ICD-10 code and diagnosis by an ophthalmologist
Haemophilia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor Diagnostic results of factor VIII or IX levels in case of a new application
Hyperlipidaemia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by any registered medical doctor Complete the application form for hyperlipidaemia in section 5 Fasting diagnostic lipogram, including the total cholesterol, HDL, triglyceride and LDL values
Hypertension	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Hypothyroidism	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor Complete the application form for hypothyroidism in section 6 Diagnostic TSH and FT4 pathology results in case of a new application (please attach diagnostic pathology results)
Multiple sclerosis	<ul style="list-style-type: none"> ICD-10 code and clinical diagnostic report by a neurologist, supported by MRI findings
Parkinson's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or specialist physician
Rheumatoid arthritis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a rheumatologist, specialist physician, or paediatrician
Schizophrenia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist
Systemic lupus erythematosus	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a rheumatologist, pulmonologist, nephrologist, specialist physician, or paediatrician
Ulcerative colitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a gastroenterologist, specialist physician, surgeon, or paediatrician

Required criteria for approval of chronic medicine benefits - MedPlus and MedElite

The following chronic conditions are also covered for MedPlus and MedElite members only. Please note that cover is subject to clinical entry criteria and protocols.

Chronic condition	Requirements (MedPlus and MedElite only)
Acne	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a dermatologist
Allergic rhinitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Alzheimer's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or psychiatrist, submitted with the results of a Mini Mental State Examination (MMSE), a Short Test of Mental Status (STMS), or a Montreal Cognitive Assessment (MoCA)
Ankylosing spondylitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a rheumatologist, specialist physician, or paediatrician
Attention-deficit disorder with or without hyperactivity (ADHD)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist, neurologist, or paediatrician in case of a new application
Blepharospasm	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or ophthalmologist, with a motivation
Cystic fibrosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a pulmonologist, specialist physician, or paediatrician
Dermatitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a dermatologist if combination therapy is prescribed
Gastro-oesophageal reflux disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor Gastroscopy report not older than 12 months to confirm diagnosis
Generalised anxiety disorder	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist
Gout	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Major depression	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Ménière's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by an ear, nose and throat specialist
Migraine	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor for first-line treatment Second-line treatment will be considered if prescribed by a neurologist
Motor neuron disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist
Myasthenia gravis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist Diagnostic acetylcholine-receptor antibody test (attach the diagnostic pathology report) Date of initial diagnosis
Narcolepsy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or psychiatrist
Neuropathic pain	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Obsessive-compulsive disorder	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist
Osteo-arthritis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor
Osteoporosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor Bone mineral density test result (only a DEXA scan is accepted) and an indication of the relevant risk factors
Post-traumatic stress disorder	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist
Psoriasis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a dermatologist
Psoriatic arthritis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a rheumatologist, specialist physician, or paediatrician
Pulmonary interstitial fibrosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a pulmonologist
Sjögren's syndrome	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a rheumatologist, specialist physician, or paediatrician
Trigeminal neuralgia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist
Urinary incontinence	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical doctor

Surname and initials of main member _____

Name of patient _____

Member number

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Section 3: To be completed by the medical doctor**Instructions**

1. Complete one application form per patient.
2. **Incomplete or old application forms will not be processed. This application form is only valid for 2026.**
3. If the medicine for a **registered condition** changes, a new script and ICD-10 codes must be sent to Medihelp.
4. Email the completed and signed application form to **medicineapp@medihelp.co.za**.
5. Registration with Medihelp or changes to an authorisation schedule will only be valid from the date of approval. **Authorisation schedules will under no circumstances be backdated.**
6. If you have any enquiries, please call Medihelp's client care centre on **086 0100 678**.
7. The Client Care centre is available Mondays to Thursdays from 07:00 to 17:00 and Fridays from 08:00 to 16:00.
8. Clinical queries from medical doctors will be handled from Mondays to Thursdays from 07:30 to 16:00 and Fridays from 8:00 to 16:00. Only queries about conditions already registered with Medihelp will be handled telephonically.

General biometric information (to be completed for all applicants/dependants)

Blood pressure _____

Total cholesterol _____

fasting

non-fasting

Glucose reading _____

fasting

non-fasting

Details of medicine

Diagnosis	ICD-10 code	Date of diagnosis	Medicine and strength	Dosage	Quantity per month

Please remember to attach the applicable pathology and/or diagnostic reports, as indicated in the list of requirements. Reports must be clear and readable. Please refer to the formulary for MedMove! and the formulary for MedVital Elect, MedAdd Elect, and MedPrime Elect when prescribing medicine for members of these plans.

Please note that cover is subject to clinical entry criteria and protocols.

Name of attending doctor _____

Practice number _____

Type of practitioner (eg cardiologist) _____

Signature of medical doctor

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Date

y	y	y	y	m	m	d	d
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Surname and initials of main member _____

Name of patient _____

Member number

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Section 4: Diabetes mellitus type 2

Please attach all pathology reports confirming the values mentioned on the application.

On therapy

Yes	No
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Date of diagnosis _____

Diagnostic fasting blood glucose value or Diagnostic HbA1c value

Current HbA1c value (not older than 1 month) _____

Medicine history

Medicine	Dosage and strength	Duration of treatment	Reasons for discontinuation

Motivation if treatment other than metformin, sulphonylurea, or DPP-4 inhibitors is prescribed

Please specify the medicine you are applying for _____

ICD-10 code

Surname and initials of main member _____

Name of patient _____

Member number

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Section 5: Hyperlipidaemia

Please supply the baseline lipogram values. If the baseline values are not available, confirm that the lipogram was done on therapy and specify the medicine currently being used.

Please attach the pathology report to this application.

Baseline lipogram ☐ or On therapy ☐

Total cholesterol _____

Triglycerides _____

HDL _____

LDL _____

If on therapy, indicate the medicine used when the attached lipogram was done or values were determined.

Duration of therapy, if on therapy _____

Age when diagnosed _____

Systolic blood pressure reading _____

Is the patient on treatment for hypertension?

Yes	No
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Does the patient smoke?

Yes	No
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Positive family history of myocardial infarction in:

- First-grade male blood relative (father/brother) < 55 years

Yes	No
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- First-grade female blood relative (mother/sister) < 65 years

Yes	No
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Familial hyperlipidaemia:

Diagnosed by an endocrinologist?

Yes	No
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Name of endocrinologist: _____

Please indicate if the patient has/had the following conditions and supply the pathology results, where applicable.

- Chronic renal disease- attach the diagnostic pathology results indicating the serum creatinine clearance results or the glomerular filtration rate (GFR) if not yet registered with Medihelp.

Yes	No
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- Coronary artery disease

Yes	No
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- Type 1 diabetes with demonstrated microalbuminuria or proteinuria – attach the pathology results

Yes	No
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- Type 2 diabetes – attach the **diagnostic pathology results** if not yet registered with Medihelp. If not available, attach the most recent pathology results with confirmation that the patient is on therapy, and state the duration of the therapy.

Yes	No
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Therapy duration _____

- Stroke

Yes	No
-----	----

- Transient ischemic attack (TIA)

Yes	No
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Please specify the medicine for which you are applying _____

ICD-10 code

Surname and initials of main member _____

Name of patient _____

Member number

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Section 6: Hypothyroidism

Please supply the pathology report with the baseline TSH and FT4 values. If the baseline values are not available, confirm that the pathology was done on therapy.

 New diagnosis ☐ **or** On therapy ☐

Please indicate if the following is applicable to this patient:

- TSH-value raised (in case of a new diagnosis, please attach the pathology report to this application) ☐
- Hashimoto's thyroiditis ☐
- Thyroidectomy ☐
- Radioactive iodine treatment ☐

Please specify the medicine for which you are applying _____

 ICD-10 code