

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of. Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed-care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): **0860 99 88 77**; Tel (health partners): **0860 44 55 66**; www.discovery.co.za; PO Box 784262, Sandton, 2146; 1 Discovery Place, Sandton, 2196

Purpose of this form

This application form is for cover from the Oncology Benefit for oncology treatment that is not indicated for the specific cancer. The form is only valid for 2026. Please make sure you are using the most up-to-date form. The latest versions of all our forms are available at www.discovery.co.za under **Medical Aid > Find documents and certificates**.

How to complete this form

- Complete the form in black ink and print clearly, or complete the form digitally. You may use an approved digital signature provider. You can find a list of approved digital signature providers at www.discovery.co.za, under **Medical Aid > Find documents and certificates > Application forms**
- All relevant sections must be signed. The patient must sign and date any changes made to the form.

Completing the sections

- The patient must complete Section 1.
- The patient must sign Section 2.
- The patient's doctor must complete Section 3 and any other relevant sections (4, 5, 6, 7).
- The patient's doctor must sign and enter the date at the end of the form.
- Attach relevant test results, clinical reports or supporting information, as explained in Section 4.

Submitting the form

Once you have completed and signed the form, submit it using **one** of the following options:

- Email DCO_oncology@discovery.co.za
- Online at www.discovery.co.za under **Medical Aid > Get Help > Submit a document**. Follow the Virtual Agent's guided steps.

Important information

We cannot start our review until we have all the information and documents that we need.

Review process

Once you submit this off-label oncology treatment request, with the supporting documents, we will start our clinical and administrative review process. This will take 10 working days.

This review does not imply or guarantee approval, authorisation or funding of the requested treatment.

We evaluate all requests based on:

- Clinical evidence
- Regulatory considerations
- Funding criteria
- The Scheme's applicable policies.

We will let you know what the final decision on funding is once we complete the review.

Healthcare providers and patients should not interpret the start of the review as an assurance of coverage or reimbursement.

1. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		<input type="text"/>

Clinical rationale for not using evidence-based treatment protocols

The following clinical reports must accompany this submission:

- Histology reports
 - From diagnosis including all histology results up to the date of review
- Pathology results
 1. Common pathology tests (eg FBC, LFT)
 2. Tumour markers (most current and previous results)
 - From diagnosis including all results up to the date of review
- Pathology that might influence choice of treatment
 - Receptors as per cancer, eg PD-L1, BRCA, BRAF V600, EGFR, MSI (microsatellite instability) ALK, RAS and FISH analysis.
- Diagnostic radiology
 - Type of scans and results at diagnosis and follow-ups
 - Results of the most recent/current scan

Please give reasons if any of the above information is not available.

5. Clinical details

Diagnosis

Date of diagnosis

D	D	M	M	Y	Y	Y	Y
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Current clinical status of patient, including ECOG, recent hospitalisations, co-morbidities

Is palliative care appropriate? Yes No

Has a referral been made? Yes No

Staging: At diagnosis

Staging: Current

Performance status: At diagnosis

Performance status: Current

Description of treatment (eg chemotherapy, radiation, surgical)

Treatment history																	
Name of drug	Dosage	Start date							End date								
		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y

6. Haematology cases

Newly diagnosed: BMAT (bone marrow aspirate and trephine) at date of diagnosis	
Previously diagnosed: Current BMAT Requesting change of treatment	

- The following information to be included with this request for haematology specifically:
 - Previous stem cells transplant and results
 - Stem cell transplant requests: ALLO and HAPLO: Tissue typing reports, donor results
 - Relevant genetic testing as per diagnosis
 - FBC and platelets for six months

7. Motivation

If extra motivation is required, please give details below

Notes to doctors

- To help us to pay claims from the correct benefits, please make sure that the date on which the condition was first diagnosed is written in the table above.
- Please make sure that you use the relevant ICD-10 diagnosis code(s) when you submit your claims to the Scheme to make sure we pay from the correct benefit.
- Please include the ICD-10 diagnosis code(s) when referring your patient to pathologists and radiologists. This will enable pathologists and radiologists to include this information on their claims and allow us to comply with legislation by paying Prescribed Minimum Benefits claims correctly.
- We will approve funding for generic medicine, where available, unless you have indicated otherwise.
- Please submit all the requested supporting documents with this application to prevent delays in the review process.
- If you make changes to your patient's treatment plan, you must let us know so that we can update their oncology authorisation/s. You can do this by emailing the new prescription to us. If you or your patient do not let us know about changes to the treatment plan, we may not pay claims from the correct benefit.

Signature of doctor	Date	
	D	D
	M	M
	Y	Y
	Y	Y

Please only sign if information is true, complete and correct.