

Authorisation requirements for admission at Denmar Hospital

It is the main member's / patient's responsibility to contact the medical aid to inform them of their admission at Denmar Hospital and to arrange an authorisation number.

NOTE: Most medical aids close at 16:00 and are not open on weekends and public holidays.

Patient booking reference: _____ / _____ **DATE:** _____

INFORMATION NEEDED BY THE MEDICAL AID:

Denmar Hospital's practise number: **55 00 00 1**

Doctor: **DR RICHARD SYKES** Doctor's Practise number: **0247812**

Diagnoses / ICD 10: **F32.2** ECT: **Yes / No** Dates: ___/___/___/___/___/___

INFORMATION NEEDED ON ADMISSION:

Patient's name and surname: _____ DOB ___/___/___

Main member's name and surname: _____

PATIENT'S ID nr: _____ **MAIN MEMBER'S ID nr:** _____

Patient tel nr: _____ Next of kin tel nr: _____

Postal address of main member: _____

Medical aid: _____ Member nr: _____ Dep nr: _____ Option: _____

Benefit date: _____ ***If the benefit date is less than one year, please contact Denmar Case-managers***

AUTHORISATION- QUESTIONS to ask the Medical aid regarding this admission:

Is this the 1st Admission for THIS year: YES / NO

If NO- How many days were used _____ Where _____ Date: _____

Available Days for THIS admission? _____

Name of person spoken to at medical aid: _____

Authorisation number / reference number: _____

i Please note, that if the medical aid did not give an authorisation or reference number, the patient will be treated as a **private paying patient**.

PLEASE BRING THE FOLLOWING WITH ON DATE OF ADMISSION:

- Medical aid card
- ID / drivers license of main member
- ID / drivers license of patient
- **If the patient is a minor – birth certificate**
- All chronic medication
- Padlock for cupboard

This form must be completed and handed in to Denmar Hospital prior admission or faxed to 012 998-7184 or emailed to caseman@denmar.co.za