Advanced Illness Benefit application form

(To be completed by treating doctor)



Contact details

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Who we are

Netcare Medical Scheme (referred to as "the Scheme"), registration number 1584, is a non-profit organisation, registered with the Council for Medical Schemes. When completing this form, you are applying for a dependant to become a member of Netcare Medical Scheme.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers Netcare Medical Scheme.

Purpose of the form

This form is to apply for palliative care through the Advanced Illness Benefit (AIB) for both advanced oncology (cancer) or for non-oncology illness care

How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. To avoid administration delays, please ensure this application is completed in full and signed by both the doctor and the member (or their proxy).
- 3. Fill in section 1 to 3 of the application form and sign section 11.
- 4. Take the form to your treating doctor to complete section 4 to 11. Only applications signed by the treating doctor will be accepted.
- 5. Please return the completed application form to us by email to AIB@netcaremedicalscheme.co.za
- 6. The treating doctor and the patient will receive a letter informing them of our decision and what to do next for approved requests.
- 7. If you wish to appeal a decision or if you have any questions, you may call our call centre.

Date of application			<u> </u>						
1. About the patient									
Title			Initials						
Surname									
First name(s)									
Membership number									
ID or passport number									
Telephone (H)						Telephone (W)			
Cellphone									
Email									
Relationship to main me	ember								
2. About the patier	nt's next-of-l	kin							
Title			Initials						
Surname									
First name(s) (as per identity document)								 	
Relationship								 	
Cellphone						Telephone			
Fmail									

Title	Initials	
Surname		
First name(s) (as per identity document)		
Relationship		
Cellphone	Telephone	
Email		
3. Advance Healtho	care Planning	
Does the patient have a	an Advance Care Plan and/or a Living Will? Yes No	
If "Yes", give the nomina	ated third party's details or the proxy's details:	
Title	Initials	
Surname		
First name(s) (as per identity document)		
Relationship		
Cellphone	Telephone	
Email		
4. About the referri	ing doctor	
Name and surname		
BHF Practice number		
Speciality		
Telephone		
Practice address		
Suite/Unit number	Complex name	
Street number	Street name	
Suburb		
City		Code
Preferred method of con	mmunication Email Post	
5. About the treating	ng doctor	
Same as above		
Name and surname		
BHF Practice number		
Speciality		
Telephone		
Suite/Unit number	Complex name	
Street number	Street name	
Suburb		
City		Code
Preferred method of con	mmunication Email Post	

6. Clinical summary for p	patients with ADVANCED CANCER ONLY (treating doctor to complete)
Date of assessment	D M M Y Y Y Y
Date of cancer diagnosis	
Main cancer diagnosis	
Current Stage TNM	
TX T0 T1	T2 T3 T4 NX N0 N1 N2 N3 MX M0 M1
If other, please specify:	
Metastasis	Yes No Unknown
Site of Metastasis	Bone Brain Liver Lung
If other, please specify:	
Previous chemotherapy, radio	otherapy and surgical interventions
Number of unplanned admiss	
	scussed why you are applying for this benefit at this stage? Yes No
Other relevant clinical informa	tion
Treatment intent	
Palliative	
Curative	
Disease directed treatment or	ngoing
Yes	
No	
L	
If "Yes", provide the type of tre	eatment e.g. radiotherapy, chemotherapy. Details:
If palliative chemotherapy	is planned, provide details of exact intent of treatment, e.g. tumour response, improvement in function, symptom
control (please specify). Deta	
Treatment start date	
Planned duration of treatment	
If "No", provide the date and o	details of the last treatment
Date	
Details:	

7. Clinical summary for	patients with NON-ONCO	OLUGY CON	DITIONS ON	LY (treating doctor	to complete)		
Date of assessment	D M M Y Y Y Y						
Date of diagnosis			I	CD-10 code			
Main Diagnosis							
Number of unplanned admiss	sions in the past 6 months						
Have you and your patient di	iscussed why you are applyin	ng for this bene	fit at this stage	? Yes No			
Treatment to date							
Other relevant clinical inform results	ation including any functiona	I classification	scoring system	related to the condition	on, e.e, NYHA and pathology		
Treatment intent Pallia	ative Curative						
8. Performance status (treating doctor to comp	lete for pation	ents ≥ 16 vea	ars)*			
Current Performance State		•		Status 6 Months Age	n*		
ECOG Performance Status ¹				mance Status ¹			
Karnofsky Performance Sca				formance Scale ²			
*Refer to page 5 for more info							
·	treating doctor to comp	lete for natio	ants < 16 vas	are*			
		icte for path			<u>.</u>		
Current Performance State Lansky Scale ³	us*			Status 6 Months ago)* 		
			Lansky Scale				
*Refer to page 6 for more information							
10. Palliative care plan	(treating doctor to com	plete)					
Medication	(· · · · · · · · · · · · · · · · · · ·	,					
Item	Dose	Frequency		Duration	Repeat		
		-					

Other s	upportive treatme	nt							
Social W	Vorker	Ple	ease specify						
Counsel	ling	Ple	ease specify						
Home N (excludir	ursing ng frail care)	Ple	ease specify						
Oxygen		Ple	ease specify						
Hospice		Ple	ease specify						
Referral	to palliative care do	octor Ple	ease specify						
Equipme (subject	ent to plan type and rev	view)	Please specify						
Other		Ple	ease specify						
Planned	date of next asses	sment DDM	M Y Y Y Y						
11. Otl	her treating doc	tors							
Name		Speciality		Phone	E	mail			
Name		Speciality		Phone	E	mail			
By signii understa	and that as the patie		ges, other care treatm				n the patient's healthcare needs. I		
	/patient or third oxy signature on bel	half of the member				Da	te D M M Y Y Y Y Y Y Y Y		
ECOG Performance Status ¹					Karnofsky Performance Status ²				
Fully active, able to carry on all pre-disease performance without restriction			100 — No	100 — Normal, no complaints; no evidence of disease					
out	restriction				le to carry on norma ease	l activi	ity; minor signs or symptoms of		
1 — Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work			di	 80 — Normal activity with effort, some signs or symptoms of disease 70 — Cares for self but unable to carry on normal activity or to do 					
				ac	tive work				
an		ble of all self-care bu and about more that	t unable to carry out an 50% of waking		quires occasional as rsonal needs	ssistan	nce but is able to care for most of		
				50 — Re	50 — Requires considerable assistance and frequent medical care				

ECOG Performance Status ¹	Karnofsky Performance Status ²
Capable of only limited self-care; confined to bed or chair more than 50% of waking hours	40 — Disabled; requires special care and assistance
	30 — Severely disabled; hospitalisation is indicated although death not imminent
Completely disabled; cannot carry on any self-care; totally confined to bed or chair	20 — Very ill; hospitalisation and active supportive care necessary
	10 — Moribund
5 — Dead	0 — Dead

Karnofsky Performance Status (recipient age ≥ 16 years) ²	Lansky Scale (recipient age > 1 year and < 16 years) ³					
Able to carry on normal activity, no special care is needed	Able to carry on normal activity, no special care is needed					
100 — Normal, no complaints; no evidence of disease	100 — Fully active					
90 — Able to carry on normal activity; minor signs or symptoms of disease	90 — Minor restriction in physically strenuous play					
80 — Normal activity with effort; some signs or symptoms of disease	80 — Restricted in strenuous play, tires more easily, otherwise active					
Unable to work, able to live at home, cares for most personal needs, a varying amount of assistance is needed	Mild to moderate restriction					
70 — Cares for self but unable to carry on normal activity or to do active work	70 — Both greater restrictions of, and less time spent in active play					
60 — Requires occasional assistance but is able to care for most of personal needs	60 — Ambulatory up to 50% of time, limited active play with assistance/supervision					
50 — Requires considerable assistance and frequent medical care	50 — Considerable assistance required for any active play, fully able to engage in quiet play					
Unable to care for self, requires equivalent of institutional or hospital care, disease may be progressing rapidly	Moderate to severe restriction					
40 — Disabled, requires special care and assistance	40 — Able to initiate quiet activities					
30 — Severely disabled, hospitalisation is indicated, although death not imminent	30 — Needs considerable assistance for quiet activity					
20 — Very ill, hospitalisation and active supportive care necessary	20 — Limited to very passive activity initiated by others (e.g. TV)					
10 — Moribund, fatal process progressing rapidly	10 — Completely disabled, not even passive play					

- 1. Sørensen J, Klee M, Palshof T, Hansen H. Performance status assessment in cancer patients. An inter-observer variability study. British journal of cancer. 1993;67(4):773.
- 2. Schag CC, Heinrich RL, Ganz P. Karnofsky performance status revisited: reliability, validity, and guidelines. Journal of Clinical Oncology. 1984;2(3):187-93.
- 3. Lansky SB, List MA, Lansky LL, Ritter-Sterr C, Miller DR. The measurement of performance in childhood cancer patients. Cancer. 1987;60(7):1651–6.