

HIVCare Programme enrolment

Cover for antiretroviral medicine is available subject to the Scheme rules and the terms and conditions of the HIVCare Programme.

Please always look at the latest version of the medicine lists available at sasolmed.co.za.

Who we are

Sasolmed (referred to as 'the Scheme'), registration 1234, is a not-for-profit organisation, registered with the Council for Medical Schemes. 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 takes care of the administration of your membership for the Scheme.

How to complete this form

1. Use one letter per block, complete in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
2. **A note to the treating healthcare provider:** Remember to send the patient's most recent relevant blood results with this form.
3. You (the member) must complete Section 1 to 2 of this form and sign section.
4. Your healthcare provider must complete Section 3 to 6 if you need medicine.
5. Please email this completed and signed form with any support documentation to HIV.disease.management@sasolmed.co.za.
6. You can also contact our Contact Centre on **0860 002 134** if you have any questions.

Withdrawal of consent

I give the Scheme and the Administrator consent to access and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for the HIVCare Programme. I consent to the Scheme and the Administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my healthcare provider and to relevant third parties, to administer the HIVCare Programme as well as undertake managed healthcare interventions related to the chronic condition.

Consent withdrawal for your Disease Management Benefits

Withdrawing consent for your general, personal, medical or clinical information to be accessed or shared with relevant third parties, means that you will no longer have access to funding from the HIVCare Programme. Claims which would usually be funded from the HIVCare Programme will, once consent is withdrawn, be funded from other available benefits according to the rules of your Network Option. Should you wish to continue with the consent withdrawal process, email HIV.disease.management@sasolmed.co.za.

1. Patient 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"/>		
Email	<input type="text"/>		
Relationship to principal member	<input type="text"/>		

Please ensure your contact details are always up to date as we rely on this information to keep you updated. You may update your details on sasolmed.co.za.

2. Principal member details

Membership number

ID or passport number

Member's surname

Member's name

Email

Patient's signature Date

(If patient is a minor, principal member must sign)

3. Clinical data and examination (to be completed by the healthcare provider)

More pathology investigations will be useful for a full clinical picture. Please provide copies of the following reports:

CD4 count Viral load Full blood count Liver function test Urea and creatinine

Is the patient pregnant? Yes No

If yes, expected date of delivery

Height (cm) Weight (kg)

4. Other clinical data required (to be completed by the healthcare provider)

Date of diagnosis

4.1 Clinical staging (Centre for Disease Control or World Health Organization)

4.2 Clinical information to substantiate staging in point 1

4.3 Medicine history

Medicine	Duration of treatment	Insert reason or code (detailed below) for discontinuation of previous antiretroviral therapy
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for discontinuation: Side effects Cost Resistance Other

If **other**, please provide a brief explanation

4.4 Is the patient being treated for one or more of the below conditions (please check the appropriate block):

Depression/psychiatric treatment Hypercholesterolemia Diabetes Epilepsy Cancer
Hypertension/cardiac failure Chronic renal failure Tuberculosis (TB) Other

4.5 If "other", please provide a brief explanation

