



Caring | Compassionate | Compensation

PRE-AUTHORISATION REQUEST FORM

Submit online or email to medihelp@randmutual.co.za

Please indicate your request type with an X:

Pre-authorisation

Re-opening of a finalised claim

PATIENT DETAILS

Surname: Doe

First Names: John Doe

Name of Employer: NA

Date of Birth: 11 /24/1980

ID Number: 12345

RMA Claim No: RM12345

Date of Accident: 06/12/2024

Pension No:

Cell No:

PROVIDER DETAILS

Please Note: Liability can only be assessed by RMA on submission of a motivation for treatment, supported by a fully detailed medical report and any other results from medical investigations conducted.

Name of referring doctor: Jane Smith

Tel:656-234-1237

Email: jane.doe@example.com

Name of treating doctor:

Practice No:012302300042

Fax No:

Tel:

Email:

DETAILS OF REQUESTED TREATMENT

Name of Hospital/Institution: Anytown Community Hospital

Date of Admission: 06/12/2024

Date of procedure/service: 06/18/2024

ICD10 Code/Diagnosis: M23.51 / Chronic instability of the right knee

Anticipated Procedure/Treatment Codes: MRI right knee / 73723

Signature:

Date: 06/13/2024

Name:

FOR OFFICE USE ONLY

HPAC:

TPAC:

TTD:

Yes

No

TTD Auth No:

Anticipated period to be booked off:

TTD based on RMA RRD and MMI ICD10 Code:

Accident earnings:

Current earnings:

In case of queries, please call our Contact Centre: 0860 222 132