

ONCOLOGY MANAGEMENT

CONTACT DETAILS

Tel: 0860 765 633
Fax: 0860 000 340
Email: polmedonco@medscheme.co.za
Post: POLMED, Private Bag X16, Arcadia 0007

Independent Clinical Oncology Network (ICON) is the designated service provider (DSP).

PRE-AUTHORISATION

Pre-authorisation is required for all oncology treatment and procedures.

THE FOLLOWING INFORMATION IS REQUIRED FOR AUTHORISING TREATMENT:

- Member's name and surname.
- Membership number.
- Date of birth and/or ID number.
- Treating doctor's name and practice number.
- Treatment plan from doctor.
- ICD-10 code.
- Tariff code.
- Nappi code(s) for medication.
- Date of service.
- Histology results.

AUTHORISATION

Once registered, you and your treating doctor will receive an authorisation for treatment of your condition.

SUPPORT FROM POLMED CASE MANAGER

The Case Manager will:

- help the member understand the processes to be followed
- explain the benefits available
- provide other support and information.

