

RE-OPENING OF FINALISED CLAIM APPLICATION (Treatment Pre-authorisation Request Form)

Please complete ALL sections below and submit online or email to medihelp@randmutual.co.za with supporting documents.

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

Treatment Request

(Please indicate type of request with an "X")

[illegible]

Other Comments:

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DOCTOR/SPECIALIST/SERVICE PROVIDER DETAILS			
Referring Healthcare Provider name printed:			
Email address:			
Tel no.		Fax no.	
Practice number:		Registered address:	
Date:			
Signed:		Postal code:	
Treating Healthcare Provider name printed:			
Email address:			
Tel no.		Fax no.	
Practice number:		Registered address:	
Date:			
Signed:		Postal code:	