

# MATERNITY PROGRAMME REGISTRATION

## PLATCAP

Name:

Medical Scheme Number:

Physical Address:

Code:

Tel no (Home):  Tel no (Work):  Cell no:

Email or Fax:

Expected date of delivery:

Hospital:  Practice nr:

Specialist:  Practice nr:

Indication for Caesarian-section:  Yes  No **\*MOTIVATIONAL LETTER REQUIRED FOR C-SECTION**

Marital status:  Married  Single  Divorced Occupation:

### HISTORY OF PATIENT:

#### 1. Gravida (total pregnancies including miscarriages and current pregnancy)

ONE TWO THREE FOUR FIVE OTHER:

#### 2. Parity (total living children)

ONE TWO THREE FOUR FIVE OTHER:

#### 3. Previous Maternity History (Normal or C-section, full or preterm, complications, birth mass of babies, health problems, reason for termination of pregnancies, etc)

Dates	Type (Normal/C-section)	Alive/Stillborn	Boy/Girl	Complications (Mother and/or Baby)

#### 4. Current Pregnancy History:

Date of first day of last menstruation:  Expected date of delivery:

Length:  Weight:  Shoe Size:  (indication of pelvic size)

Health problems or concerns:

Specialised tests:

Lab work (**LANCET** only):  Blood group:

Maternity profile (**Hb, Platelets, Blood group and RH, Rubella, RPR, Urine baseline** (to be send with first specialist authorisation request) done:

HIV STATUS will be beneficial

#### 5. Gynaecology History:

Age at first menstruation:  Duration, regularity of menstrual cycle:  every  days

Painful menstruation (Dysmenorrhea):   Vaginal discharge:   Colour:

Family planning: Type:

Discontinued: Date:  Infertility treatment:   Endometriosis:

#### 6. Medical History (Rheumatic fever, Tuberculosis, HIV, Viral infections, Diabetes Mellitus, Kidney diseases, Hypertension, Poliomyelitis, Anemia, Allergies, Smoking, Alcohol intake, Epilepsy, Deep venous thrombosis, Cardiac problems, Asthma, etc)

Medication:

Chronic:

Other: (including pregnancy vitamins and iron supplements):

#### 7. Surgical History (Operations especially of the reproductive system, Wound healing, Complications with anesthetics, pelvic- or back injuries, etc)

#### 8. Family History (Hypertension, Congenital abnormalities e.g. Down syndrome, Diabetes, Porphyria, Multiple Pregnancies, etc)

## ALL PREGNANT MEMBERS HAVE TO REGISTER ON THE MATERNITY PROGRAMME THEMSELVES.

### 1. FIRST VISIT:

Only one (1) event (pregnancy) per beneficiary per year will be covered. A referral letter from GP/Specialist to see Gynaecologist is required. You are covered at scheme tariff, for three (3) visits, or R3 884 per beneficiary for specialist visits, up to 5 visits or R5 633 per family at a designated service provider (DSP) specialist (not limited to obstetrics). Scheme designated service providers (DSPs) have to be utilised. The referral letter and ante-natal labs need to be sent to Case Management for approval and appointment. In the case of late-joiners, pregnancy as pre-existing condition is excluded from the scheme. A sonar report will be required for all late joiners to determine gestation. Medical scheme rates apply. Admin fees are non-refundable.

Only pregnancy supplements on the formulary are paid for by the medical scheme.

### 2. FOLLOW-UP VISITS:

You are covered at scheme tariff, for three (3) visits, or R3 884 per beneficiary for specialist visits, up to 5 visits or R5 633 per family at a designated service provider (DSP) specialist (not limited to obstetrics). You have to be referred by the scheme's DSP Medical Practitioner. You have to obtain authorisation from Case Management prior to the specialist visit. Only one (1) event (pregnancy) per beneficiary per year will be covered.

### 3. MATERNITY PROGRAMME NUMBER (GYP NUMBER):

When register on the Maternity Programme you will receive a GYP number and this number need to be used for bed booking (hospital pre-authorisation) only. Medical scheme rates apply. Members to be admitted in designated service provider (DSP) Hospitals only. A motivational letter from the Gynaecologist is required for a C-section. We approve three (3) days in hospital for a C-section and two (2) days in hospital for a normal delivery. Lancet/Pathcare to be used. Only one (1) event (pregnancy) per beneficiary per year will be covered.

### 4. ULTRASOUNDS:

We pay for three (3) sonars per event (pregnancy) from the specialist benefit. Pre-authorisation required. Motivations from Obstetrician required for high-risk pregnancies.

### 5. REGISTRATION:

All newborn babies including stillborn babies should be registered on the scheme within 30 days from date of birth. Registration can be done at your Employee Services Walk-in Centres or Employee Benefits (EB) office, or Human Resources (HR) office or Client Liaison Office. Babies of dependants (third generation) are not covered by the scheme unless the baby is registered as a dependant on the scheme. Late joiner penalties will be applicable for late registration.

### 6. NEWBORN FOLLOW-UPS:

You are covered at scheme tariff, for three (3) visits, or R3 884 per beneficiary for specialist visits, up to 5 visits or R5 633. Authorisation numbers should be obtained prior to the 6-weekly follow-up visit with the Paediatrician. Medical scheme rates apply. After the 6-weekly visit, the baby will have to be referred by a GP again. If the baby was seen by the Paediatrician while still in hospital, a different authorisation number will be required for the baby than that of the mother.

### 7. CHILDHOOD IMMUNISATION :

100% of Scheme Tariff, According to the Department of Health (DOH) protocols (excludes consultation cost).

Important to note: In the case of resignation, termination or suspension, you will be liable for the account and not Platinum Health Medical Scheme (PHMS), even if you have received a GYP number and consultation authorisation number.

Kind regards

Case Management

Tel: 014 590 1700

Fax 086 233 2406/086 247 9497

E-mail: [plathealth@platinumhealth.co.za](mailto:plathealth@platinumhealth.co.za)

PLEASE FAX OR EMAIL BACK TO CASE MANAGEMENT

Allow AT LEAST 2 working days before calling Case Management for your numbers if you have not received an SMS.

Signature (Patient):

Date:

C C Y Y M M D D

# REGISTRATION: SPECIALIST MATERNITY VISITS

## PLATCAP

Patient Name:

Medical Scheme Number:

\*Number for Hospital Bed Booking (GYP):

\*Office use

Specialist Name:

Practice nr:

Referring GP's Name:

Practice nr:

	Gestation	Appointment Date	SEM *Specialist Authorization
01	10-12 Weeks		
02	18-20 Weeks/ 20-22 Weeks		
03	32-34 Weeks		
04	34-36 Weeks		
05	37 Weeks		
06	38 Weeks		
07	39 Weeks		
08	40 Weeks		

### Three (3) Ultrasound sonars per pregnancy from the Specialist benefits

	Gestation	Appointment Date	SEM *Specialist Authorization
01	12 Weeks		
02	22 Weeks		
03	After 23 Weeks		

Other visits and ultrasounds will be approved only if a [letter of motivation](#) for high-risk patients has been received. Additional routine follow-ups to be done by the General Practitioner. Please inform Case Management if the dates change. [Make all your appointments ahead and submit these dates to Case Management.](#) Remember to cancel your appointments in case of early delivery or miscarriage. Medical scheme rates at designated service providers (DSPs) apply.

Signature (Patient):

Cellphone number: