



It's all about wellness

Oncology Application Form

Instructions

1. Complete this application form to register for chronic benefits for the first time or to register an additional chronic condition.
2. Please write in legible capitals and indicate your choice by making a tick (✓) in the appropriate spaces.
3. Complete one application form for each patient requiring chronic benefits.
4. The principal member or patient must complete.
5. If the appropriate sections are not completed, we will not be able to process your application.
6. Attach copies of any reports to support diagnosis of chronic condition, where applicable.
7. Please e-mail the completed and signed application forms to preauthorization@metropolitan.co.bw

Principal Member Information

Name(s):	Surname:
Membership Number:	Option:

Patient Information

Name(s):		Surname:			
Date of Birth:	Dependant Code	Gender: Male	Female		
Postal Address:					
Contact Numbers: Home:	Work:	Cell Phone:			
E-mail Address:					
Next of Kin:			Next of Kin cellphone:		
Please indicate the method whereby you would prefer to receive your letter of authorisation:					
Post	E-mail	Provider			

I hereby give permission for my doctor to provide **Botsogo Health Plan** with my diagnosis and other relevant clinical information required. I understand that funding from the Chronic benefit is subject to clinical entry criteria and drug utilisation review as determined by the **Botsogo Health Plan** Disease Management Programme. By registering for the **Botsogo Health Plan** Disease Management Programme, I am aware that my condition may be subject to periodic review and that this may include access to my medical records and disclosure of general and medical information supplied to **Botsogo Health Plan**.

Generic medication or therapeutic alternatives can significantly reduce prescription costs. Should a generic equivalent be available, this will be authorised in place of your prescribed medication unless your doctor has specified otherwise.

If your application to the **Botsogo Health Plan** Disease Management Programme is declined, the relevant medication can be regarded as acute medication, subject to **Botsogo Health Plan** Rules and availability of funds.

Patient Signature:

Date:

Radiotherapy Treatment - (RAD)

Professional Practice No:		Name:		Professional Fees:	
Disease Code ICD 10:		Name:			
Start Date:		Area of Interest		Supporting Items:	
Duration in Weeks:		Dose:		Total Radiotherapy:	
Prostate Volume:		Gleason Grade:		PSA:	IPSS:
Prostate Stage:		Hospital:			
Radiotherapy Comments:					

Radiotherapy Planning Code

Product Name	Code	Commencement	Week(s)	Unit Price	Total
Radiotherapy Planning Code Sub Total					

Radiation Code

Product Name	Code	Commencement	Week(s)	Unit Price	Total
Radiation Code Sub Total					

Isotope

Product Name	Code	Commencement	Week(s)	Unit Price	Total
Isotope Sub Total					

Brachy Code

Product Name	Code	Commencement	Week(s)	Unit Price	Total
Brachy Code Sub Total					

Supporting Items and Materials

Product Name	Code	Commencement	Week(s)	Unit Price	Total
Supporting Items and Materials Sub Total					

Chemotherapy Treatment - (CHEM)

Chemo Prov Practice No:	Name:
Facility Practice No:	Name:
	Height: Weight: Body Surface:
Chemotherapy Comments:	
Start Date	Cycles: Cycle Cost:
End Date	Total Cost:
ICD Code	

Chemotherapy Service Fees

Description	Tariff	Cycle Length	Unit Price	Qty	Total
Chemotherapy Service Fees Sub Total					

Chemotherapy Drugs

Product Name	Nappi Code	Cycle Length	Dosage & Frequency	Unit Price	Qty	Total
Chemotherapy Drugs Sub Total						

Supporting Drugs, Materials and Fluids

Product Name	Nappi Code	Cycle Length	Dosage & Frequency	Unit Price	Qty	Total
Supporting Drugs, Materials and Fluids Sub Total						

Acknowledgement by Examining Doctor

I certify that the particulars hereto are - to the best of my knowledge and belief - true and accurate, having conducted a personal examination and/or procured the tests and/or other diagnostic investigations referred to.

Signature of Medical Practitioner

Date

Place QR code/barcode or Stamp

