Dr Hina Neurosurgery Inc
Dr. Thembani S. Hina
SPECIALIST NEUROSURGEON, ENDOVASCULAR SUBSPECIALIST
Practice Number: 128 1259

Reception: Admin@drhinaneuro.com
021 441 0567 / 021 441 0568
Suite 204, The Link Building,
Netcare Christiaan Barnard Memorial Hospital,
11 DF Malan Street, Foreshore, Cape Town, 8001

MEDICAL AID AUTHORISATION FORM

Pre-authorisation request for hospital admission and neurosurgical / endovascular procedure

1. PATIENT DETAILS

Title	Surname	First name(s)

SA ID / Passport number	Date of birth	Age	Cell phone

Sex: ☐ Male ☐ Female

Email address	Alternative contact number

2. MEDICAL AID / MAIN MEMBER DETAILS

Medical aid scheme	Plan / option	Membership number

Dependant code	Main member full name	Main member ID number

Main member contact number	Gap cover provider	Gap cover policy number

Funding type: ☐ Medical aid ☐ Medical aid + gap cover ☐ COID / WCA ☐ International / GOP ☐ Other: _____

3. ADMISSION DETAILS

Hospital	Hospital practice number	Ward / unit

Admission date	Procedure date	Expected length of stay (days)	Expected ICU / high care days

Admission type: ☐ Elective ☐ Urgent ☐ Emergency ☐ Day case ☐ Re-admission

Procedure type: ☐ Cranial ☐ Spinal ☐ Endovascular ☐ Other: _____

4. TREATING PRACTITIONERS

Role	Name	Practice number	Contact number
Treating surgeon	Dr Thembani S. Hina (Neurosurgery)	128 1259	021 441 0567
Assistant surgeon			
Anaesthetist			
Referring doctor			

5. CLINICAL INFORMATION

Diagnosis (description)

ICD-10 code	Description	Primary / Secondary

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Clinical history and motivation for procedure (symptoms, duration, neurological findings, failed conservative treatment)

Investigation (MRI / CT / angiogram / X-ray / other)	Date	Key findings

Neurological deficit present ☐ Yes ☐ No Emergency / time-critical ☐ Yes ☐ No Previous surgery at same level / site ☐ Yes ☐ No

6. PROCEDURE REQUESTED

Procedure description

Procedure code (NRPL)	Description	Modifier	Quantity

7. IMPLANTS, PROSTHESES AND CONSUMABLES

Item description	Supplier	NAPPI code	Qty	Estimated cost (R)

Please attach supplier quotation(s) for all implants and high-cost consumables.

8. ESTIMATED COSTS

Item	Estimated amount (R)
Surgeon's fee	R
Assistant's fee	R
Anaesthetist's fee	R
Hospital / theatre / ward fees	R
Implants and consumables	R
Other (specify):	R
TOTAL ESTIMATED COST	R
Expected co-payment / shortfall	R

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9. SUPPORTING DOCUMENTS ATTACHED

☐ Referral letter ☐ Clinical notes / motivation ☐ Imaging reports ☐ Implant quotation ☐ Practitioner quotation

☐ Copy of ID ☐ Copy of medical aid card ☐ COID claim documents ☐ Other: _____

10. PATIENT CONSENT TO RELEASE OF INFORMATION

I, the undersigned, authorise Dr Hina Neurosurgery Inc to disclose my personal and clinical information, including diagnosis, procedure and cost information, to my medical aid scheme, its managed-care organisation, gap cover insurer and the admitting hospital for the purpose of obtaining authorisation and processing claims, in accordance with the Protection of Personal Information Act (POPIA), 2013. I understand that authorisation is not a guarantee of payment and that I remain responsible for any amount not covered by my medical aid.

Patient / main member full name	Signature	Date

11. PRACTITIONER DECLARATION

I confirm that the clinical information provided is accurate and that the requested procedure is medically indicated.

Practitioner name	Signature	Date

12. AUTHORISATION OUTCOME (PRACTICE USE)

Status: ☐ Approved ☐ Partially approved ☐ Pending further information ☐ Declined

Authorisation number	Date authorised	Valid from	Valid until

Approved procedure codes	Approved length of stay / level of care

Scheme consultant / case manager	Call reference number	Captured by (practice)

Conditions / exclusions / co-payments noted by scheme

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