



Private Bag x 82081, Rustenburg, 0300 • Tel: 014 590 1700 | 080 000 6942 • A/H Emergency 082 800 8727 • Email: plathealth@platinumhealth.co.za

MATERNITY PROGRAMME REGISTRATION

PLATFREEDOM

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:

NIPT [Noninvasive prenatal testing] or any forms of genetic testing is excluded.

Blood group:

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)

PLATFREEDOM MATERNITY MANAGEMENT:

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

1. FIRST VISIT:

The Maternity benefit covers out-of-hospital consultations and tests from your Maternity Benefit limit which is R10 830 for the family for the year, subject to registration on the Maternity Programme. A sonar report will be required for all late joiners to determine gestation. 100% of the lower of cost or 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:

The scheme pays for certain expenses related to your pregnancy such as midwife, GP or gynaecologist consultations up to a limit of 12 consultations for the family for the year, subject to the Maternity Benefit limit of R10 830. You are covered at 100% of the lower of cost or scheme rate. We pay for four (4) post-natal visits by a registered midwife for the family for the year, following your delivery at home or in a registered birthing unit. This is subject to the Overall Annual Limit (OAL).

3. MATERNITY PROGRAMME NUMBER (GYP NUMBER):

You need to register on the Maternity Programme to receive the bed booking (GYP number). GYP number to be used for bed booking (hospital pre-authorisation) only. 100% of the lower of cost or scheme rates apply. A motivational letter from the Gynaecologist is required for a C-section. We approve three (3) days in your hospital of choice for a C-section and two (2) days in your hospital of choice for a normal delivery.

4. ULTRASOUNDS:

Pregnancy related tests and sonars are paid from the available funds in your Maternity Benefit limit. We pay for two (2) 2D pregnancy sonar for each pregnancy and any 3D and 4D sonar will be paid up to the rate of a 2D sonar, subject to the Maternity Benefit limit of R10 830. **Sonograms excluded.**

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 have a combined limit available for GP and Specialist consultations and this newborn follow-up visits will be paid from this benefit.

7. CHILDHOOD IMMUNISATION:

According to the Department of Health protocols (excludes consultation cost.) Members may obtain services at pharmacies such as Clicks or Dischem.

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.

Kind regards

Case Management

Tel: 014 590 1700 or 080 000 6942

Email: plathealth@platinumhealth.co.za

PLEASE 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:

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REGISTRATION: SPECIALIST MATERNITY VISITS

PLATFREEDOM

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		

Two (2) Ultrasound sonars per pregnancy and 3D and 4D sonar paid up to rate of 2D sonar, subject to the Maternity Benefit limit.

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

One authorisation number per pregnancy will be issued by Case Management. Please ensure you register on the Maternity Programme to enjoy optimum benefits.

Signature (Patient):

Cellphone number: