

CAMAF Membership No.:

2. PMB APPLICATION (DOCTOR TO COMPLETE)

2.1 PMB Condition Applied for:

ICD 10 Code	PMB Code	PMB Description	Date of Diagnosis	Ongoing / Acute Medical Management*

*Please confirm whether this condition is for acute or ongoing medical management.

2.2 Medicine Application

ICD 10 Code	Medicine name and Strength	Dosage	Quantity per month	Number of Months

2.3 Procedures Application

List all consultations, pathology, radiology, procedures and any other treatment required out of hospital

ICD 10 Code	Tarriff Code	Tarriff Description	Quantity	Start Date

3. DOCTOR DETAILS

Name

BHF Practice Number Speciality _____

Telephone: Work

Fax Number

Doctor's Signature _____ Date

1. Please ensure all relevant reports and / or tests are included with this application form.
2. For completion of this application form use claim code 0199. Please remember to use the relevant diagnosis ICD 10 code with the claim.
3. This form only needs to be completed when applying for a new PMB condition. For any changes to the patient's medicine for approved conditions please call 0800 200 300 or please fax the prescription with the diagnostic ICD 10 code to 011 707 8622.

