REGULAR FORCE
MEDICAL CONTINUATION FUND

PPS Centurion Square
Cnr Heuwel Avenue and Gordon Hood Road
Centurion
PO Box 3799, Pretoria, 001

PRE-AUTHORISATION REQUEST FORM

Dear Service Provider

The Fund requires certain patient and clinical information to evaluate an authorisation request. This form must be completed to process an authorisation request.

1. Kindly contact the RFMCF Pre-Authorisation Department from 01 April 2023 on 012 679 4201, fax 012 111 9068 or email preauth@rfmcf.co.za with the necessary information required below to request authorisation of services.
2. Clinical protocols and benefits management will apply.
3. Pre-Authorisation is not a guarantee of payment.
4. The Fund may request additional supporting documentation, which must be emailed to preauth@rfmcf.co.za for review.
5. If the below form is not completed in its entirety, the request will not be processed.

Principal Member Details:

VPA Member Number	
Principal Member Contact Number	
Principal Member Email Address	

Patient Details

Name & Surname	
Beneficiary/Dependant code as per membership card	
Date of Birth	

Area Representing (mark with X). Complete if the procedure is to be done in a Military hospital.

Tick in which Military hospital procedure will take place							
	1 Military Hospital		2 Military Hospital		3 Military Hospital		Other*
	Procedural Department e.g. Ophthalmology, Gynecology, Orthopedics						

*If other, please specify: ____

Health Care Professional's (HCP's) Details:

Full Name and Surname	
Contact Number	
Email Address	

Authorisation/Admission Details

Admission Date	
Facility/Hospital Practice (PR) Name/PR Number	
Treating/Admitting Doctor Practice Number	
Treating/Admitting Doctor Name/Surname	
ICD-10 Code(s)/Diagnosis Code(s)	
CPT/Procedure Code(s)	
Any Prosthesis to be used? (YES OR NO)	

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In the event of RADIOLOGY:

Radiology Practice Number:	
ICD-10 Code(s)/Diagnosis Code(s)	
Procedure Code(s)/Scan Code(s)	
Confirm the radiology practice signs and symptoms the patient presents with/ indication of the scan.	
Advise what the doctor wants to exclude by doing the scan.	

Select the relevant option:		Emergency		Planned		Motor Vehicle Accident		Injury On Duty
Select the relevant option:		MRI/CT		Prosthesis		Cataract		**Other

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**Please specify other:

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Clinical Notes (Short notes and previous reports with dates)