

KeyCare patient liability form 2023

(for your records)



Contact us

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Purpose of the form

The patient liability form must be used for any treatment that is not covered by the member's KeyCare benefits e.g. non-formulary medication, pathology or radiology tests. The purpose of this form is to allow the patient and doctor to discuss possible alternatives for medicines or tests not covered by the member's health plan. When it is decided that these medicines or tests are required, the patient must sign this form to acknowledge that they understand that they will be liable for the cost of these medicines or tests.

| | |
|-----------------|----------------------|
| Patient name | <input type="text"/> |
| Policy number | <input type="text"/> |
| Practice name | <input type="text"/> |
| Practice number | <input type="text"/> |
| Date of service | <input type="text"/> |

Procedure or service to be performed

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

I, the above mentioned patient, acknowledge that the above procedure and/or service is not covered by the benefits available on KeyCare. I understand and accept that I will be responsible for paying the costs for this procedure and/or service.

| | |
|----------------------|----------------------|
| Signature of patient | <input type="text"/> |
|----------------------|----------------------|

| | |
|------|----------------------|
| Date | <input type="text"/> |
|------|----------------------|

 **Please only sign if information is true, complete and correct.**

| | |
|--------------------------------------|----------------------|
| Signature of Healthcare Professional | <input type="text"/> |
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| | |
|------|----------------------|
| Date | <input type="text"/> |
|------|----------------------|

 **Please only sign if information is true, complete and correct.**