Universal Healthcare Provider Network, a division of Universal Care
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UNIVERSAL NETWORK RADIOLOGY REQUEST FORM

Medical Schemes

CompCare Medical Scheme	Umbono Option	
CompCare Medical Scheme	Umbono Plus Option	
Massmart Health Plan	Essential Option	
Massmart Health Plan	Network Option	
Consumer Goods Medical Scheme (previously Tiger Brands Medical Scheme	Base Option	
Transmed Medical Aid Scheme	Link Option	
Foodmed Medical Scheme	Permanent employees, Pensioners, Seasonal Active employees, Seasonal Inactive 1 and 5	

Old Mutual Staff Medical Aid Fund	Network Option	
Old Mutual Staff Medical Aid Fund	Network SELECT Option	

Non-Medical Schemes

Workplace Health Plan	truVALUE	
Workplace Health Plan	truCARE	
Workplace Health Plan	truHEALTH	
Workplace Health Plan	truWELLNESS®	
Universal Health & Accident Plan	Essential Plan	
Universal Health & Accident Plan	Essential Advance Plan	
Universal Health & Accident Plan	Standard Plan	
Universal Health & Accident Plan	Standard Advance Plan	

1. PROVIDER DETAILS

Referring practice name:

Practice number:

Appointment date: D D M M Y Y Y Y

ICD-10 code:

2. PATIENT DETAILS:

Surname:

First name/s:

Initials:

Date of birth: D D M M Y Y Y Y

Gender: M F

Age:

Telephone no.: (H): ( )

(W): ( )

Cellphone number:

E-mail address:

Patient/guardian signature:

I consent to any information reflected on this form, including the ICD-10 code/s and any information that may emanate from the usage of this form pertaining to me or my dependents', being disclosed to Universal Healthcare and my Medical Scheme. I accept that Universal Healthcare and my Medical Scheme will be entitled to utilise the aforementioned data for managed care, risk management and research purposes.

3. MAIN MEMBER / PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT DETAILS:

Surname:

First name/s:

Initials:

ID no./Passport no.:

Employer:

Member/Policy no.:

Telephone no.: (H): ( )

(W): ( )

Cellphone number:

E-mail address:

Physical address:

Postal code:

Postal address:

Postal code:

SKULL		
10100	Skull	
CHEST		
30100	Chest, single view	
30110	Chest, two views, PA and lateral	
30150	Ribs	
30155	Chest and ribs	
ABDOMEN		
40100	Abdomen	
40105	Abdomen supine, erect or decubitus	
REPRODUCTIVE SYSTEM		
ULTRASOUND Only in pregnancy: Not available on Workplace Health Plan truCARE & truVALUE option and Universal Health & Accident Plan: Standard & Standard Advance option. Other schemes/plans: TWO investigations per pregnancy. Additional Ultrasound for complicated pregnancy to be motivated.		
43250	Ultrasound of pregnant uterus – 1st Trimester	
43260	Ultrasound of pregnant uterus – 2nd Trimester	
43270	Ultrasound of pregnant uterus – 3rd Trimester – First Visit	
43273	Ultrasound of pregnant uterus – 3rd Trimester – Follow up	
SPINE, PELVIS AND HIPS		
51110	Cervical spine – one or two views	
52100	Thoracic spine – one or two views	
53110	Lumbar spine – one or two views	
55100	Pelvis	
56100	Hip – Left	
56110	Hip – Right	
56120	Pelvis and hips	
UPPER LIMBS – SHOULDER		
61100	Clavicle – Left	
61105	Clavicle – Right	
61110	Scapula – Left	
61115	Scapula – Right	
61120	Acromio – Clavicular joint – Left	
61125	Acromio – Clavicular joint – Right	
61130	Shoulder – Left	
61135	Shoulder – Right	
FOREARM		
64100	Forearm – Left	
64105	Forearm – Right	
65130	Wrist – Left	
65135	Wrist – Right	

FOREARM (CONTINUES)		
65100	Hand – Left	
65105	Hand – Right	
65120	Finger	
65140	Scaphoid – Left	
65145	Scaphoid – Right	
UPPER ARM		
62100	Humerus – Left	
62105	Humerus – Right	
ELBOW		
63100	Elbow – Left	
63105	Elbow – Right	
KNEE		
72100	Knee, one or two views – Left	
72105	Knee, one or two views – Right	
72120	Knee including patella – Left	
72125	Knee including patella – Right	
72145	Patella – Right	
LOWER LIMBS FEMUR		
71100	Femur – Left	
71105	Femur – Right	
LOWER LEG		
73100	Lower leg – Left	
73105	Lower leg – Right	
ANKLE AND FOOT		
74100	Ankle – Left	
74105	Ankle – Right	
74120	Foot – Left	
74125	Foot – Right	
74130	Calcaneus – Left	
74135	Calcaneus – Right	
74145	Toe	
ULTRASOUNDS		
34100	Mammogram including ultrasound	
34101	X -ray mammography unilateral, including ultrasound	
34200	Ultrasound of the breast	
40210	Ultrasound study of the whole abdomen, including pelvis	
41200	Ultrasound study of upper abdomen	
43220	Ultrasound study of the testes	
43200	Ultrasound of the pelvis	

Please note: Radiology codes that are not listed above will not be covered. If other radiology tests are required, please advise members upfront so that they understand possible financial implications.

Basic Radiology for Universal Health & Accident Plan (UHAP) is subject to the benefit limit.

REQUESTING PROVIDER SIGNATURE

D	D	M	M	Y	Y	Y	Y

DATE