

Priority Plan downgrade form 2025



Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, www.discovery.co.za, PO Box 784262, Sandton 2146. 1 Discovery Place, Sandton 2196.

Purpose of the form

This form is to apply for a change from your current Priority health plan to another health plan.

- Fill in the form in black ink and print clearly, or complete the form digitally. You can access a list of the approved digital signatures from www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the main applicant. The main applicant must sign and date any changes.
- Once completed, you can submit your documents on www.discovery.co.za under Medical Aid > Get Help > Submit a medical aid document and follow the guided steps through our Virtual Agent. If you are part of an employer group, please return this form to your human resources or salaries department.

Main member details

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

To downgrade to the Plan, we need your confirmation that

there is no hospitalisation planned or pending for any beneficiaries on the membership for any of the procedures listed below, as you will be responsible to pay the respective amount for the planned procedure.

Effective date of plan change

All procedures with upfront payments for the Classic Priority and Essential Priority Plans are listed below.

Procedure	Amount				
Conservative back and neck treatment	R4 800				
Myringotomy (grommets)	R4 800				
Tonsillectomy, adenoidectomy	R4 800				
Scopes	Admissions for scopes:				
Colonoscopy, sigmoidoscopy, proctoscopy, gastroscopy, cystoscopy	Depending on where the member has the scope done, the member will have to pay the following amount, and we will pay the balance of the hospital and related accounts from the Hospital Benefit:				
	Upfront payments for scope admissions:				
	<table><thead><tr><th>Day clinic account</th><th>Hospital account</th></tr></thead><tbody><tr><td>R4 500</td><td>R7 250, this deductible will reduce to R5 850 if performed by a doctor who is part of the Scheme's value-based network</td></tr></tbody></table>	Day clinic account	Hospital account	R4 500	R7 250, this deductible will reduce to R5 850 if performed by a doctor who is part of the Scheme's value-based network
Day clinic account	Hospital account				
R4 500	R7 250, this deductible will reduce to R5 850 if performed by a doctor who is part of the Scheme's value-based network				

If both a gastroscopy and colonoscopy are performed in the same admission:

Day clinic account	Hospital account
R5 500	R9100, this deductible will reduce to R7 400 if performed by a doctor who is part of the Scheme's value-based network

Upfront payments for scopes performed outside of the Day Surgery Network:

Where a scope is performed in a facility outside of the Day Surgery Network, an upfront payment of R7 000 will apply, except if performed in a hospital outside of the Day Surgery Network, where an **upfront payment of R7 250** will apply. Where both a gastroscopy and colonoscopy are performed, the upfront payment of R9 100 will apply

No upfront payment applies:

If scopes are performed in the doctor's rooms as part of a confirmed Prescribed Minimum Benefit (PMB) condition, or the patient is aged 12 and under, the member will not have to pay any amount upfront. We pay the account from the Hospital Benefit

Arthroscopy	R11 100
Functional nasal procedures	R11 100
Hysterectomy, not applicable to pre-operatively diagnosed cancer	R11 100
Laparoscopy, hysteroscopy, endometrial ablation	R11 100 - This applies to gynaecological laparoscopies (female reproductive system)
Spinal (back and neck) surgery	R22 850
Joint replacements	R22 850
Nissen fundoplication (reflux surgery)	R22 850

I, _____

declare that there is no hospitalisation/treatment planned or pending for any of the procedures listed above for any beneficiaries on my membership.

Signature of main member

Date



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