

Allied, Therapeutic & Psychology (AT&P) Telehealth and Virtual Consultations Form

In line with participating schemes administered by Discovery Health's benefits for AT&P providers for Telehealth and Virtual Consults, please ensure that the below document is completed for each Virtual consultation or Telehealth interaction. The form must be emailed to AT&PVCONReports@discovery.co.za

Please note:

- This document will be used to verify services claimed as telehealth or virtual interactions.
- Please submit your claims as per the normal channels and at the appropriate telehealth/virtual consultation/therapy rate.
- For reference, rates will also be published on the HP Zone on the Discovery website www.discovery.co.za.
- Please note that the below fields marked with an asterisk (*) are compulsory.

Membership Number*		
Member Name*		
ID Number or Date of Birth*		
Service Date*		
Type of Consultation* (please tick one)	Telephone Call	Virtual Consultation
Initial Consult or Follow-up* (please tick one)	Initial	Follow-up
Duration of Session*	Start Time	End Time
Procedure Code*		
Diagnosis ICD-10 code*		
Name of Treating Practitioner*		
Practice number of Treating Practitioner*		

Please indicate a brief overview of the session:

Please note that the form is subject to change following further discussions with the relevant Professions.

Signature

Date