

### 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](mailto: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](http://www.discovery.co.za).
- Please note that the below fields marked with an asterisk (\*) are compulsory.

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

**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