



# Universal pre-admission authorisation request

[www.wcmas.co.za](http://www.wcmas.co.za)  
[wcmas@wcmas.co.za](mailto:wcmas@wcmas.co.za)  
 C/o Susanna St & OR Tambo Rd  
 P O Box 26, Emalahleni (Witbank), 1035  
 Tel: 013 656 1407 Fax: 086627795

**NB: Please submit this form to [preauthorisation@universal.co.za](mailto:preauthorisation@universal.co.za) together with any relevant supporting information e.g. Letter of Motivation, Quotations, Radiology reports.**

1. Admission details	
Service Provider Name and practice number	
Admitting / Treating doctor Name and practice number	
Pre-Admission Number	
Expected Admission Date and Time	
Medical Scheme	
Membership Number	
Dependent Code	
Name of Patient	
Date of Birth of Patient	
ID Number of Patient/ Main Member	
Main Member / Patient Tel Number	
Main Member / Patient Email Address	
Diagnosis (please supply ICD-10 coding)	
Procedure Codes	
CPT Codes	
Supporting Clinical Information e.g. Onset of symptoms/ current symptoms / Treatment plan. NB If Injury related – please include injury report.	