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Employment and Labour
REPUBLIC OF SOUTH AFRICA

Confirmation of Receipt (Chronic Assistive Devices)



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Chronic Assistive Devices

The process from Pre-authorization to Confirmation of
Receipt - Proof



PROSTHETIC AND ORTHOTICS GAZETTE 2024

- 1.24 The Compensation Fund retains the right to verify all products supplied to the employee.
- 1.25 Acknowledgement of receipt of Orthotic/Prosthetic device should be duly completed and signed by the Medical Service Provider, Injured Employee and Compensation Fund official (Form 8).
- 1.26 In order for the Compensation Fund to verify that the correct items were supplied, proof of purchase should accompany the acknowledgement of receipt for any single component/item in excess of R50 000.



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Pre- authorization

- Analyze pre-authorization
- All aspects of the pre-authorisation must reflect on the prosthesis



P.O. Box 955, Pretoria, 0001, 167 Thabo Sehume Street, Delta Heights, Pretoria, Tel: 0860105350, Website:

**SIMON PROSTHETICS
NO 1 SIMON DRIVE
SIMON TOWN
1234**

Branch: PRETORIA
E-Mail: medinvoiceenquiriesGP@labour.gov.za
Date: 03.09.2024

Dear Sir/Madam,

Claim Number	10027722
Employee	SIMON UNKNOWN
ID Number	123456 0078 080
Employer	UNKNOWN WORKERS
Employer Type	Private Employer
Date of Accident	10.09.2006

I herewith acknowledge the receipt of your Pre-Authorisation request and have considered the request with

Health Care Provider (MSP)	2006*****
Practice Number	09****
Fax number	011****
Email address	simon@simonprosthetics.co.za
Authorisation Date	03.09.2024
Type of Pre-Authorization	Assistive Devices
Approval number	10027722 / 002 / ****
From and to Date	03.09.2024 - 03.11.2024

ICD 10: Primary	ICD 10: Secondary
S78.1	W24.62
S78.1	Z89.6

Benefit Catalog Item	Description	Rejection/Pending Reason	Quantity requested	Quantity approved	Amount approved/unit (VAT Exclusive)	Total amount approved (VAT Exclusive)
A71120	Ferrule - local		4	4	19,97	79,88
A71020	Elbow crutches		1	1	749,31	749,31
A20138	ESAR - multi axial K2-K4		1	1	39.469,80	39.469,80
A20051	Monocentric Knee Hydraulic controlled (Special criteria)		1	1	78.880,50	78.880,50
A20214	4 Hole lamination		1	1	2.026,62	2.026,62

	adapler with female adapter (fixed or rotatable) titanium					
A20225	Lamination disc/attachment block TF/TT	1	1	2.368,97	2.368,97	
A20263	Shuttle lock TT/TF (pin/lanyard)	1	1	4.968,36	4.968,36	
A20247	TF / KD Locking liner	2	2	13.650,51	27.301,02	
A20256	Prosthetic socks (3ply)	6	6	413,34	2.480,04	
A20255	Prosthetic sheaths (1ply)	6	6	258,02	1.548,12	
A21724	AK/TK - flexible inner socket (not Pelite)	1	1	9.953,90	9.953,90	
A21076	AK/TK foam cover	1	1	9.032,59	9.032,59	
A21620	AK test socket - diagnostic	1	1	5.422,72	5.422,72	
A21580	AK prosthesis endoskeletal CAT 3	1	1	86.444,58	86.444,58	
A60092	Consultation (1 hour)	1	1	772,30	772,30	
Total		29.000	29.000	273.498,71		

Please note, that beyond the standard and routine measures, any additional procedures, examinations, investigations, tests, onward referrals, x-rays, medication etc. requires motivation from yourself and approval from the Compensation Fund. Should prior approval not be obtained, the Compensation Fund will have to review the liability of the cost incurred.



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Componentry

- PHOTOS - Keep record of each component – sticker, product code, serial number
- Example:
 - Titanium tube clamp – proof it is Titanium
 - ESAR 2-4 foot – proof of Activity level/carbon fiber
- Proof of purchase for any component >R 50,000.00



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Correct

Clear photo of components, clearly show each component, quantity of each





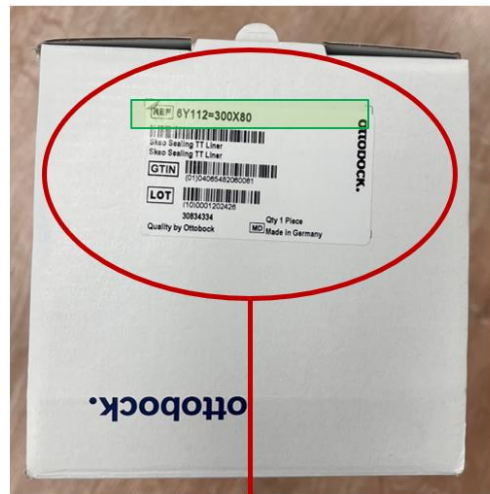
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Correct

Clear photo of components, clearly show each component, quantity of each





Keep clear record in patient file:

- Product code
- Serial number
- Quantity

Future reference for component size and specifications

Warranties can be monitored





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Correct

Proof of purchase for any
component > R 50,000.00

ottobock.

Seller:

Otto Bock SA New
Block 2, Midrand Business Park
563 Old Pretoria Main Road
Halfway House
Midrand
1685
South Africa
VAT No. 4350258671
Telephone Number : 010 500 5600
Fax Number : 010 500 0246

Your Reference : 2023/01/24
Delivery method :
Payment : 30 Days from Statement
Contact Email :
Note :

No.	Item	Description	Nappt Code	Tariff Code	Unit	Qty	Net price	VAT %	Net amount
1									
3	6Y85=380	SKEO SKINGUARD LINER							
4	6A30=10N	TRANSFEMORAL PIN 380							
5	5R2	SHUTTLE LOCK NON WEIGHT BEARING							
6	4R51	LAMINATION DISC ALUMINIUM							
7	3R80	4 HOLE ROTATABLE FEMALE ADAPTER TITANIUM MODULAR ROTARY							
8	1C50=L25-5-P/D	HYDRAULIC KNEE JOINT WATER PROOF EXTENSION TALEO FOOT WITHOUT FOOTSHELL LT 25							
9	2C15=L25/15N	STIFFNESS 5 TALEO FOOTSHELL LEFT 25 BROWN							
10	THANK YOU	THANK YOU FOR YOUR SUPPORT							
12									

Patient :

Ref :



- Individual components not visible
- Component identifier not on component and no record in file
- No proof of component: Titanium? Aluminum? Rotation or not rotation?
- Quantity of component not visible
- Indication of foot or knee activity level not visible or indicated



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Treatment and Fitting

- Photos of test socket phase
- Photos of final socket with all aspects:
 - Carbon fiber laminated inside socket for K₃
 - Flexible inner (not pe-lite) if billed so
 - All components approved to be in the prosthesis and be used correctly
- Do not cover the prosthesis with spray on skin or cosmetic cover – components must be verified at visit





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Correct

Clear photo of test socket, patient wearing test socket, complete test prosthesis





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Correct

Clear photo of final socket, patient wearing final socket, components exposed for confirmation, carbon fibre if requested (K3/4), flexible inner socket





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Wrong

No no photo of test socket, test socket not
manufactured when requested with pre-auth,
photo of test socket not match patient

No proof of confirmation of
components fitted

Prosthesis already fully
covered





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Confirmation of final fitting

- Do not cover the prosthesis with spray on skin or cosmetic cover – components must be verified at visit
- Have all documents at hand upon WCA check





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Correct

Once service confirmed – Add cosmetic cover, photo
proof



Correct

Inform assessor of final fitting date, call assessor on day of fitting for PATIENT to confirm fitting



STAATSKOERANT 28 MAART 2014 AL 65000

FORM 8 CONFIRMATION OF RECEIPT OF ORTHOTIC / PROSTHETIC DEVICE

Claim number 14897 *xx

1. Confirmation of manufacture / supply by Medical Service Provider:
This serves to confirm that I have manufactured and supplied the following for the above mentioned employee, as per approval from the office of the Compensation Fund dated _____
Service provider: Simon Prosthetics
Practice number: 90 725 48
Signature: [Signature]
Date: 29.10.2014

2. Confirmation of receipt by employee:
I confirm that I have received the correct Orthotic / Prosthetic device and / or accessories and I am satisfied that it is in good working condition, to the value of R 14 713.00
Name: Petr Simons
Signature: [Signature]
Date: 28.11.2014
Telephone number: 083 471 2222

3. Confirmation of receipt of Orthotic / Prosthetic device by the provincial case manager:
Name: _____
Signature: _____
Date: _____

This form should be completed and submitted to the Compensation Fund by the Medical Service Provider for payment with the account, a copy of the initial quotation, photos of the orthotic / prosthetic device supplied and the letter of approval from the Compensation Fund.

Practice and Patient confirmation

Case manager confirmation of receipt



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Wrong

Not supply what was requested/authorised, lower activity level than what was requested, documents not in order

Requested and Authorised



Supplied





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This form should be completed and submitted to the Compensation Fund by the Medical Service Provider for payment with the account, a copy of the initial quotation, photos of the orthotic / prosthetic device supplied and the letter of approval from the Compensation Fund.



Compensation Fund
WORKING FOR YOU

