

1.1. Submit Medical Report APP

Purpose

The purpose of this transaction is for the Employer / MSP to submit medical report using the External APP.

Business Scenario

In this scenario an Employee / MSP submit a medicals report using CompEasy System.

Prerequisites

The following prerequisites are applicable when processing this transaction:

- Access to https://compEasy.labour.gov.za website.
- The user must be linked to the Medical Practice with the Authorization to add a Medical Report.

1.1.1. Home - Google Chrome



Step	Action		
[1]	Click the Submit Pre-Authorisation Request transaction.	Submit Medical Report	tile to access the







1.1.2. Medical Report for Claim - Google Chrome

A < ⋒ ≽CompEasy	Medical Report for Claim \sim Q
	Medical Report
Please note that users need to be aut Organisation Authorisation App.	horised to submit or view medical reports, invoices, and pre-authorisations on behalf of a Healthcare Practice. Kindly apply for authorisation through the
i Please capture all mandatory fields *	
✓ Medical Header Data	a
*Service Provider Number:	Please select Service Provider number
Service provider name:	
Practice number:	
*Claim number:	Please enter Claim number
Ex(Old)ClaimNo:	M/1030674/1
Name and Surname of E:	
ID number of Employee:	
Employer:	
*Type of Report:	✓
*Date of consultation:	dd.MM.yyyy
Date of loss:	
*Date of report:	dd.MM.vvvv
	+ Create Medical Report



Step	Action
[2]	Click the Service Provider Number possible entries button to search for the required value.

1.1.3. Medical Report for Claim - Google Chrome

😤 🤇 💮 🤅 CompEasy					
		Medical Report			
Please note that users need to be auth Organisation Authorisation App.	orised to submit or view medical rep	ts, involces, and pre-authorisations on	behalf of a Healthcare Prac	tice. Kindly apply for authorisa	tion through the
Please capture all mandatory fields *					
✓ Medical Header Data		Medical Service Provider Search			
*Service Provider Number: Service provider name:	Plea Practice numb				
Practice number: *Claim number:	Name 1 of Name organization organ	of Bussiness Partner ation	Practice Number		
Ex(Old)ClaimNo:	402	No data			
Name and Sumame of E:			Close Confirm		
ID number of Employee:					
Employer:					
*Type of Report:					
*Date of consultation:			8		
Date of loss:					
*Date of report:	dd Milliony				







Submit Medical Report APP

i	The Practice Number required must be linked to the User.

Step	Action
[3]	Enter 7410322 in the Practice number field.

1.1.4. Medical Report for Claim - Google Chrome

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			Medical Report				
Please note that users need to be aut Organisation Authorisation App.	norised to submit or view r	medical reports, invoices,	and pre-authorisations on	behalf of a He	althcare Practice. Ki	ndly apply for autho	risation through the
i Please capture all mandatory fields *							
✓ Medical Header Data		Medical S	ervice Provider Search				
*Service Provider Number: Service provider name:	Ples Pra	actice number: 741032	22 Search				
Practice number: *Claim number:	Name 1 of Plea organization	Name 2 of organization	Bussiness Partner	Practice N	umber		
Ex(Old)ClaimNo:	M/1		No data				
Name and Surname of E:				Close	Confirm		
ID number of Employee:							
Employer:							
*Type of Report:							
*Date of consultation:							
Date of loss:							
*Date of report:	dd.MM.xvvv			-			

Step	Action			
[4]	Click the Practice number Search search.	Q	Search	button to start the







1.1.5. Medical Report for Claim - Google Chrome



Step	Action
[5]	Click to select the Service Provider Number $igodot$ radio button.

1.1.6. Medical Report for Claim - Google Chrome

A CompEasy		Medic	al Report for Claim \sim				Q
			Medical Report				
i Please note that users need to be aut Organisation Authorisation App.	horised to submit or v	view medical reports, invoid	ces, and pre-authorisations or	behalf of a Hea	althcare Practice. Kind	y apply for autho	risation through the
i Please capture all mandatory fields * .							
✓ Medical Header Data	3	Medica	I Service Provider Search				
*Service Provider Number:	Plea	Practice number: 741	0322				
Service provider name:		Q	Search				
Practice number:	Name 1 of	Name 2 of	Russings Partner	Practice Nur	mbor		
*Claim number:	Plea organization	organization	Dussiness Parmer	Practice Nul	nber		
Ex(Old)ClaimNo:	M/1 S		2000032274	7410322	$\overline{\mathbf{O}}$		
Name and Surname of E:				Close	Confirm		
ID number of Employee:							
Employer:					U		
*Type of Report:							
*Date of consultation:	dd.MM.yyyy						
Date of loss:							
*Date of report:	dd.MM.vvvv						

The Service Provider Number, Service Provider Name and Practice Number will autopopulate.







Step	Action
[6]	Click the Confirm button to confirm the selection.

1.1.7. Medical Report for Claim - Google Chrome

🔒 🕻 🏠 🄀 CompEasy	Medical Report for Claim $ imes $	٩
	Medical Report	
Please note that users need to be aut Organisation Authorisation App.	horised to submit or view medical reports, invoices, and pre-authorisations on beh	alf of a Healthcare Practice. Kindly apply for authorisation through the
i Please capture all mandatory fields *		
✓ Medical Header Data	a	
*Service Provider Number:	2000032274	
Service provider name:	S	
Practice number:	7410322	
*Claim number:	11395534	
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of E:		
ID number of Employee:		
Employer:		
*Type of Report:	~ ~	
*Date of consultation:	dd.MM.yyyy	
Date of loss:		
*Date of report:	dd.MM.vvvv	



The Name and Surname of Employee, ID Number of Employee, Employer Name and Date of Loss will auto-populate

Step	Action
[7]	Enter 11395534 in the Claim number field.







1.1.8. Medical Report for Claim - Google Chrome

A < A ScompEasy	Medical Report for Claim \sim			Q
	Medical Report			
i Please note that users need to be auth Organisation Authorisation App.	norised to submit or view medical reports, invoices, and pre-authorisations on behal	If of a Healthcare Practice. Kindly	apply for authorisation the	ough the
i Please capture all mandatory fields *				
✓ Medical Header Data				
*Service Provider Number:	2000032274			
Service provider name:	S			
Practice number:	7410322			
*Claim number:	11395534			
Ex(Old)ClaimNo:	M/1030674/1			
Name and Surname of E:	Mic			
ID number of Employee:	5138082550513			
Employer:	FECT			
*Type of Report:	· · · · · · · · · · · · · · · · · · ·			
*Date of consultation:	dd.MM.yyyy	0		
Date of loss:	01.04.2020			
*Date of report:	dd.MM.www			

Step	Action
[8]	Click the Type of Report drop down option button to display the available list.

1.1.9. Medical Report for Claim - Google Chrome

A ☆ CompEasy	First Medical Report*	Q
	Progress Medical Report*	
	Final Medical Report*	
Please note that users need to be auth Organisation Authorisation App.	Final Medical Report for OD*	alf of a Healthcare Practice. Kindly apply for authorisation through the
i Please capture all mandatory fields *	Progress Medical Report OD*	
	Referral Letter*	
V Medical Header Data	Final Medical Report PTSD*	
	Progress Medical Report PTSD*	
	Final Rehabilitation Report*	
Service Provider Number:	Progress Rehabilitation Report	
Service provider name:	Supplimentary Report-Hand Injuries*	
Practice number:	Supplimentary Report-Foot Injuries*	
Claim number:	Supplimentary Report-Final Report Eyes	
Ex(Old)ClaimNo:	Supplimentary Report-Dematological*	
Name and Surname of E:	Supplimentary Report-Tenosynovitis*	
ID number of Employee:	Supplimentary Report-Special Hernia*	
Employer:	Supplimentary Report-Resumption*	
*Type of Report:	<u> </u>	
*Date of consultation:	dd.MM.yyyy	
Date of loss:	01.04.2020	
*Date of report:	dd.MM.vvvv	
		+ Create Medical Report

Step	Action
[9]	Click on the Type of Report First Medical Report* option to select it.







1.1.10. Medical Report for Claim - Google Chrome

A < A ≥ CompEasy	Medical Report for Claim \sim	Q
	Medical Report	
Please note that users need to be aut Organisation Authorisation App.	horised to submit or view medical reports, invoices, and pre-authorisations on beha	If of a Healthcare Practice. Kindly apply for authorisation through the
i Please capture all mandatory fields *		
*Service Provider Number:	2000032274	
Service provider name:	S	
Practice number:	7410322	
*Claim number:	11395534	
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of E:	Mic	
ID number of Employee:	5138082550513	
Employer:	FECT	
Type of Report:	First Medical Report	
*Date of consultation:	02.04.2020	
Date of loss:	01.04.2020	
*Date of report:	dd.MM.vvvv	



Step	Action
[10]	Enter 02.04.2020 in the Date of consultation field.

1.1.11. Medical Report for Claim - Google Chrome

A < A ≽CompEasy	Medical Report for Claim \sim	Q
	Medical Report	
i Please note that users need to be aut Organisation Authorisation App.	horised to submit or view medical reports, invoices, and pre-authorisations on be	half of a Healthcare Practice. Kindly apply for authorisation through the
i Please capture all mandatory fields *		
✓ Medical Header Data	3	
*Service Provider Number:	2000032274	
Service provider name:	S	
Practice number:	7410322	
*Claim number:	11395534	
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of E:	Mic	
ID number of Employee:	5138082550513	
Employer:	FECT	
Type of Report:	First Medical Report	m m
*Date of consultation:	02.04.2020	
Date of loss:	01.04.2020	
*Date of report:	dd.MM.vvvv	







Step	Action
[11]	Click in the area below the scroll bar to scroll down.

1.1.12. Medical Report for Claim - Google Chrome

	Medical Report			
Glaim number.	11030304			
Ex(Old)ClaimNo:	M/1030674/1			
Name and Surname of E:	Mic			
ID number of Employee:	5138082550513			
Employer:	FECT			
Type of Report:	First Medical Report	~		
*Date of consultation:	02.04.2020	•••		
Date of loss:	01.04.2020			
*Date of report:	02.04.2020			
Date of return to work:	dd.MM.yyyy			
*Notes:				
*ICD10:	M10.9/M22.35/567.3/			
*Period Date from:	dd.MM.yyyy			

Step	Action
[12]	Enter 02.04.2020 in the Date of report field.

1.1.13. Medical Report for Claim - Google Chrome

Samuel Darmary.		Medical Report		
Ex(Old)ClaimNo:	M/1030674/1			
Name and Surpares of F	Ma			
Name and Sumarie of E	MIC			
ID number of Employee:	5138082550513			
Employer:	FECT			
Type of Report:	First Medical Report	~		
*Date of consultation:	02.04.2020			
Date of loss:	01.04.2020			
*Date of report:	02.04.2020			
Date of return to work:	dd.MM.yyyyy]	
*Notes:			1	
*ICD10:	M10.9/M22.35/567.3/			
*Period Date from:	dd.MM.yyyy 🖽 📩 dd.l	ИМ.уууу 🏛		







Step	Action
[13]	Enter First Consultation by Dr L in the Notes field.

1.1.14. Medical Report for Claim - Google Chrome

< 合 ≩CompEasy	Medical Report for Claim $ \sim $	
	Medical Report	
Glain number.	103004	
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of E:	Mic	
ID number of Employee:	5138082550513	
Employer:	FECT	
Type of Report:	First Medical Report	
*Date of consultation:	02.04.2020	
Date of loss:	01.04.2020	
*Date of report:	02.04.2020	
Date of return to work:	dd.MM.yyyy	
*Notes:	First Consultation by Dr L	1
*ICD10:	542.20[W24.62]	
*Period Date from:	dd.MM.yyyy 💼 📩 MM.yyyy	
dical Documents		
onto		



ICD10 Code is case sensitive, use capital letter's when inserting alphabets. Please note the format: the | must be added between and after the codes, no spaces allowed.

Step	Action
[14]	Enter S42.20 W24.62 in the ICD10 field.







1.1.15. Medical Report for Claim - Google Chrome

< ☆ CompEasy	Medical Report for Claim \sim		
	Medical Report		
Glain number.			
Ex(Old)ClaimNo:	M/1030674/1		
Name and Surname of E:	Mic		
ID number of Employee:	5138082550513		
Employer:	FECT		
Type of Report:	First Medical Report	\checkmark	
*Date of consultation:	02.04.2020		
Date of loss:	01.04.2020		
*Date of report:	02.04.2020		
Date of return to work:	dd.MM.yyyy		
*Notes:	First Consultation by Dr L		
*ICD10:	\$42.20 W24.62		
*Period Date from:	02.04.2020 💼 🔹 dd.MM.39999		
	15		
al Documents			
			+ 0m

Step	Action
[15]	Enter 02.04.2020 in the Period Date from field.

1.1.16. Medical Report for Claim - Google Chrome

	Medical Report	
Glain number.	TT03004	
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of E:	Mic	
ID number of Employee:	5138082550513	
Employer:	FECT	
Type of Report:	First Medical Report	\sim
*Date of consultation:	02.04.2020	
Date of loss:	01.04.2020	
*Date of report:	02.04.2020	
Date of return to work:	dd.MM.yyyy	
*Notes:	First Consultation by Dr L	
*ICD10:	S42.20 W24.62	
*Period Date from:	02.04.2020 💼 🔹 02.04.2020	
	16	
edical Documents		
saleat Documents		

Step	Action
[16]	Enter 02.04.2020 in the Period Date to field.







1.1.17. Medical Report for Claim - Google Chrome

CompEasy	Medical Report for Claim \sim			
	Medical Report			
Glain number.				
Ex(Old)ClaimNo:	M/1030674/1			
Name and Surname of E:	Mic			
ID number of Employee:	5138082550513			
Employer:	FECT			
Type of Report:	First Medical Report	\sim		
*Date of consultation:	02.04.2020	•••		
Date of loss:	01.04.2020			
*Date of report:	02.04.2020	**		
Date of return to work:	dd.MM.yyyy			
*Notes:	First Consultation by Dr L			
*ICD10:	S42.20[W24.62]			
*Period Date from:	02.04.2020 💼 *to 02.04.2020 💼			
edical Documents				
)				+ Create Me

Step	Action
[17]	Click the Expand node to open the Medical Documents.

1.1.18. Medical Report for Claim - Google Chrome

A < A ≽CompEasy	Medical Report for Claim \vee
	Medical Report
*Notes:	First Consultation by Dr L
*ICD10:	\$42.20[W24.62]
*Period Date from:	02.04.2020 02.04.2020 02.04.2020
Medical Documents	
	*Document type +
	*Document type +
	*Document type + IS No files found.
	*Document type + 18 No files found. use the + Button
	*Document type + 18 No files found. use the + Button

Step	Action
[18]	Click the Document type drop down option button to display the available list.







1.1.19. Medical Report for Claim - Google Chrome

A CompEasy	Medical Report for Claim \sim	Medical Additional Supporting Documents
	Medical Report	Ambulance Trip Sheet
*Notes: *ICD10: *Period Date from:	First Consultation by Dr L S42.20[W24.62] 02.04.2020 (Assalve Devices Outcation First Medical Report - Accident WCL4 First Medical Report PCD WCL20 First Medical Report PCD WCL303 Progress Medical Report - Accident WCL5 Progress Medical Report - Occ. DiseaseWCL27 Progress Medical Report - PTSD WCL305
Medical Documents	*Docun	Final Medical Report - Accident WCL5F Final Medical Report - Occ.Disease WCL26
	No files found.	
	use the + Button	
		+ Create Medical Report

Step	Action	
[19]	Click on the Document type First Medical Report - Accident WCL4 option to	select it.

1.1.20. Medical Report for Claim - Google Chrome

A < A ≽CompEasy	Medical Report for Claim \sim	۹.
	Medical Report	
*Notes:	First Consultation by Dr L	
*ICD10: *Period Date from:	S42.20 W24.62 02.04.2020	
 Medical Documents 		
	*Document type First Medical Report - Accident WCL4	✓ + 20
	*Document type First Medical Report - Accident WCLd	20
	*Document type First Medical Report - Accident WCL4	20

Step	Action
[20]	Click the Add + button to upload a document.







1.1.21. Medical Report for Claim - Google Chrome

≗ < ⋒ <mark>></mark>	CompEasy	Medic	al Report for Claim $ \smallsetminus $						Q
			Medical Report						
Date of retu	rn to work: dd.MM.yyyy								
	*Notes: First Consult	ation by Dr.L					X		
	Upen ← → < ↑ □ > Thi	s PC > Desktop		v ē	Search Desktop	,			
*Period	Organise 🔻 New folde	r			0=:	- 🔳 (8		
	OneDrive - Persor	Name	Date mo	dified	Туре	Size	^		
	 Transnet 	Pre-Auth Motivation Assistive Device	2020/10/ 2020/10/	01 13:58 01 13:58	Adobe Acrobat D Adobe Acrobat D	7 KB 7 KB			
	This PC	Medical Report	2020/10/	01 13:58	Adobe Acrobat D Adobe Acrobat D	7 KB 7 KB			
 Medical Document 	3D Objects	NCL2	21/10/	01 13:58	Adobe Acrobat D	7 KB			
	Desktop						L4		~ +
	🖶 Downloads 🗸	<					>		
	File na	me: Medical Report			All Files	```	-		
					Open	Cancel			
		I	No files found.						
			use the + Button						
								+ Create Me	dical Report



Step	Action
[21]	Double click on the Medical Report Medical Report option to select it.

1.1.22. Medical Report for Claim - Google Chrome

ິ < ĉ ≩CompEasy	Medical Report for Claim	~		Q
	Medical Report			
Type of Report:	First Medical Report	~		
*Date of consultation:	02.04.2020			
Date of loss:	01.04.2020			
*Date of report:	02.04.2020			
Date of return to work:	dd.MM.yyyy			
*Notes:	First Consultation by Dr L			
*ICD10:	\$42.20[W24.62]			
*Period Date from:	02.04.2020 💼 🔹 02.04.2020 💼			
✓ Medical Documents		*Document	type First Medical Report - Accident WCL4	× +
Assistive Device.pdf 6,3 KB				228
			+ Cre	ate Medical Report







Step	Action
[22]	Click the Create Medical Report + Create Medical Report button to create medical report.

1.1.23. Medical Report for Claim - Google Chrome

😤 < 🍙 達 CompEasy	1	Medical Report for Claim $ imes $	Q
		Medical Report	
Type of Report:	First Medical Report		
*Date of consultation:	02.04.2020		
Date of loss:	01.04.2020		
*Date of report:	02.04.2020		
Pate of return to work: *Notes:	First Consultation by Dr I		
	This consultation by bit c	Confirm	
*ICD10:	\$42.20 W24.62	Do you want to submit Medical Report?	
*Period Date from:	02.04.2020	Ves No 23	
✓ Medical Documents		*Document type First Medical Report - Accident WCL4	×] +
Assistive Device.pdf 6,3 KB			8
		+ 0	reate Medical Report

Step	Action
[23]	Click the Yes button to acknowledge the message.

1.1.24. Medical Report for Claim - Google Chrome

A < A ≩CompEasy			٩
		Medical Report	
*Type of Report:			
*Date of consultation:			
Date of loss:			
*Date of report:	dd.MM.yyyy		
Date of return to work:			
*Notes:			
		I Success	
*ICD10:	M10.9/M22.35/567.3/	Medical Report has been created successfully.	
*Period Date from:	dd.MM.yyyy	24	
 Medical Documents 		*Document type	× +
Assistive Device.pdf 6,3 KB			8
			+ Create Medical Report







Step	Action
[24]	Click the OK button to acknowledge the message.

1.1.25. Medical Report for Claim - Google Chrome

A < A ≽CompEasy	Medical Report for Claim \sim	
	Medical Report	
Gtaint tumper.		
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of E:	Mic	
ID number of Employee:	5138082550513	
Employer:	FECT	
Type of Report:	First Medical Report	\sim
*Date of consultation:	dd.MM.yyyyy	
Date of loss:	01.04.2020	
*Date of report:	dd.MM.yyyy	
Date of return to work:	dd.MM.yyyy	
*Notes:		
*ICD10:	M10.9 M22.35 S67.3	
*Period Date from:	dd.MM.yyyy 🗰 *to dd.MM.yyyy	
Medical Documents		



Well done! You have successfully Submitted Medical Report using External APP.



