BASIC GUIDE TO SUBMITTING A CLAIM

THIS IS HOW WE ASSESS A CLAIM

Each **coded line** on your healthcare or service provider's account makes up the total amount charged. A coded line describes the medical procedure that was performed, like a gastroscopy, or the service that was provided, like an in-hospital consultation. We assess **each** coded line to see where the shortfalls are.

Your **medical aid must pay some of the cost of a coded line** from a **hospital benefit** for us to pay a shortfall unless your policy has a benefit with different qualifying criteria.

IMPORTANT TO NOTE

SELECT TO READ MORE PAGE 2

- Additional supporting documents may be requested when we need to verify your medical aid membership, or to assess co-payments and deductibles.
- Specific claim forms must be completed when claiming from our **First-Time Cancer Diagnosis Benefit** and **Trauma Counselling Cover**.
- When claiming from our **Medical Aid Contribution Waiver Benefit**, a medical aid certificate of membership must be submitted every month for the duration of the benefit period.
- When claiming from our **Access Cover**, cost estimates must be submitted from all the service and healthcare providers who'll be involved with your upcoming medical procedure.

FULLY COMPLETED **CLAIM FORM**

SELECT TO VIEW EXAMPLE PAGE 3

A **Claim Form** helps us to identify you as a client and provides a summary of the medical event you're claiming for.

- ***Each medical event*** *claimed for requires a* ***fully completed*** *and* ***separate*** *claim form.*
- *Complete all the fields on the claim form, and don't forget to sign the* ***Your Claim Reimbursement Profile*** *and* ***Authorisation & Declaration Acceptance*** *sections.*

Download the claim form from our website at **www.stratumbenefits.co.za**.

DETAILED HOSPITAL ACCOUNT (TAX INVOICE)

SELECT TO VIEW EXAMPLE PAGES 4 & 5

Submit a detailed hospital account if your claim is related to a hospital admission. The account must show the admission and discharge dates as well as **ICD10 codes.**

ICD10 codes *confirm the medical condition that's being treated or has been treated.*

DETAILED HEALTHCARE AND/OR **SERVICE PROVIDER ACCOUNT**

SELECT TO VIEW EXAMPLE PAGE 6

Submit a detailed account that confirms the investigation or medical procedure that was performed, the treatment that was provided and the **ICD10 codes.**

ICD10 codes *confirm the medical condition that's being treated or has been treated.*

Who is a healthcare provider? *It can be a doctor, specialist, anaesthetist, dental surgeon or radiologist, to name a few.*

Who is a service provider? *It can be a facility, like a hospital, casualty or oncology treatment facility.*

DETAILED MEDICAL AID STATEMENT

SELECT TO VIEW EXAMPLE PAGE 7

Submit a detailed statement from your medical aid that shows:

- details of the doctor, specialist, hospital or any other healthcare or service provider you're claiming for;
- every coded line on the healthcare or service provider's account;
- the treatment or service dates; and
- the amount paid by your medical aid to each of the providers.

A detailed medical aid statement is a **compulsory requirement** for all claim submissions. We don't accept summarised statements, such as **Nexus statements**, **claims reports**, **claims summaries** or **claims reconciliations**, as these statements don't provide enough information about the medical event.

MEDICAL AID PRE-AUTHORISATION LETTER

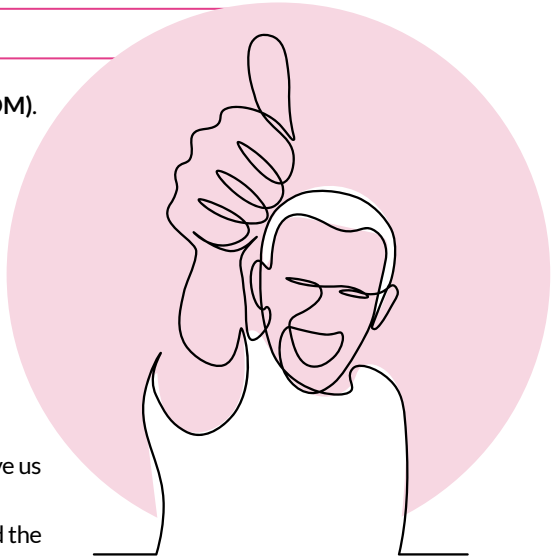
SELECT TO VIEW EXAMPLE PAGE 8

- Submit an **Authorisation Letter** from your medical aid that confirms pre-authorisation of the medical event.
- An authorisation letter is a **compulsory requirement** for all claim submissions.
- Where pre-authorisation couldn't be obtained due to an accident or emergency that required immediate medical treatment, where failure to provide treatment would've resulted in serious damage to bodily functions or serious dysfunction of a bodily organ or part, or would've placed the insured person's life in jeopardy, we'll accept the claim submission without an authorisation letter.

Stratum Benefits | 010 593 0981 | 086 633 3761 | info@stratumbenefits.co.za | www.stratumbenefits.co.za

GO BACK TO THE INDEX PAGE
SELECT HERE

IMPORTANT TO NOTE



- At times, we may ask for a copy of your **Medical Aid Certificate of Membership (COM)**.
- Claims flagged as **Prescribed Minimum Benefit (PMB)** medical procedures may be investigated with your medical aid. **PMBs** are a set of defined benefits that medical aids must cover.
  This means that as a medical aid member, you shouldn't incur any out-of-pocket medical expenses related to a **PMB**.
- For co-payments and deductibles, we need an invoice from the healthcare or service provider and a copy of your medical aid's statement that reflects the co-payment or deductible.
- When claiming from our **First-Time Cancer Diagnosis Benefit** or **Trauma Counselling Cover**, a specific claim form must be completed.
  Download these claim forms from our website at **www.stratumbenefits.co.za**, or give us a call and we'll email it to you.
- For claims against our **Payout and Waiver Benefits**, submit a completed claim form and the following supporting documents:

  ACCIDENTAL DISABILITY AND DEATH
  - For **accidental disability**: Medical report that states the date total and permanent disability was confirmed; or
  - For **accidental death**: Death certificate that confirms the cause of death.

  MEDICAL AID CONTRIBUTION WAIVER
  - **Medical Aid Certificate of Membership (COM)**, to verify if a new main member is noted on the membership and to confirm the medical aid plan's monthly contribution amount, must be submitted at the beginning of every month for the duration of the benefit period; and
  - **Bank statements** of the **past 3 months** to verify that the person who's become disabled or passed away was the contribution payer, or **salary slips** of the **past 3 months** if contributions have been deducted by the employer from the contribution payer's salary as part of their cost to company; and
  - For **disability**: Medical report that states the date total and permanent disability was confirmed; or
  - For **death**: Death certificate.

  STRATUM POLICY PREMIUM WAIVER
  - **Bank statements** of the **past 3 months** to verify that the person who's passed away was the premium payer, or **salary slips** of the **past 3 months** if premiums have been deducted by the employer from the premium payer's salary as part of their cost to company; and
  - For **retrenchment**: Letter from the employer that confirms the date of permanent retrenchment; or
  - For **disability**: Medical report that states the date total and permanent disability was confirmed; or
  - For **death**: Death certificate.

  Submit **Payout** and **Waiver Benefit** claims to **yourwaiverclaim@stratumbenefits.co.za**. A standard turn-around time of **3 - 4 workings days** applies to these claims.
- When claiming from our **Access Cover**, we'll require quotations from the doctor, specialist, hospital or day clinic that you've chosen as your preferred providers.
- If you've paid your healthcare or service provider directly, submit the proof of payment.
- We don't pay healthcare or service providers directly unless we've negotiated a discount.
- Waiting periods applicable to you are confirmed in your **Cover Letter**. Your **Policy Schedule** confirms benefit and policy exclusions applicable to your policy.
- Email your completed claim form and all supporting documents to **yourclaim@stratumbenefits.co.za**, or submit it online at **www.stratumbenefits.co.za**.
- Claims must be submitted within **6 months** from the service date or the date you're discharged from hospital.
- Our standard turn-around time for processing claims is **7 - 10 working days**, however this is subject to change depending on the type of claim.
- We may ask for additional documentation to assist in the finalisation of your claim.
- If additional information is requested that we don't receive within the **initial 6-month period** allowed from the date of service or from the date you're discharged from hospital, you'll have an **additional 90 calendar days** to submit the information from the date on which it's requested.
- The **90-calendar day period** may run concurrently and may extend beyond the **initial 6 months**, but it doesn't reduce the **initial 6-month period**.

GO BACK TO THE INDEX PAGE
SELECT HERE

FULLY COMPLETED CLAIM FORM

Stratum Benefits

2022 GAP COVER | CLAIM FORM

*If your claim is for our **First-Time Cancer Diagnosis Benefit** and/or **Trauma Counselling Cover**, specific claim forms must be completed for each benefit. Visit our website to download the applicable form or contact us for assistance.*

1. YOUR PROFILE

PRINCIPAL INSURED DETAILS

Title: MR | Name: JOSEPH
Surname: COAT
ID/ Passport: 8003205013087 | Contact Numbers: 0065816754 or
Email Address: JSOAP@WASH.CO.ZA

PATIENT DETAILS ○ Please indicate if the patient is the principal insured, in which case the below details aren't required.

Title: MRS | Name: JEAN
Surname: COAT
ID/ Passport: 8202034568787 | DoB: 1982-02-03 | Relation: SPOUSE
Medical Aid: MED AID | Medical Aid Plan: ESSENTIAL | Medical Aid Number: 12345678

2. YOUR CLAIM DETAILS

MEDICAL EVENT DETAILS

Provide details of the investigation, medical procedure or surgery that was performed, or treatment that was provided.

CHILDBIRTH

Admission or Treatment Date: 0000-01-24 | Discharge Date (if hospitalised): 0000-01-26

Have you received a discount from any of the healthcare or service providers related to this claim? If so, let us know who the provider is. ◉ Yes ○ No

Healthcare or Service Provider: DR CJ TOM | Contact No.: 0118900089

Do you know if any further payments will be made by your medical aid to any of the healthcare or service providers related to this claim? If so, let us know who the provider is. ○ Yes ◉ No

Healthcare or Service Provider: | Contact No.:

CONTACT DETAILS OF YOUR HEALTHCARE PROVIDER

General Practitioner: DR DO LOTTLE | Contact No.: 0100000000
Treating or Referring Healthcare Provider: DR DO LOTTLE | Contact No.: 0100000000

3. YOUR CLAIM REIMBURSEMENT PROFILE

The approved claim amount will be paid into the bank account number provided. We don't accept any responsibility or liability for a claim payment made into an incorrect bank account.

We may contact your healthcare or service provider to request a discount to help maintain a good risk profile. If granted, we'll pay your provider directly once the claim is approved. If you've already paid your provider but didn't inform us, a refund won't be facilitated nor will we pay the difference between the claimed amount and the discounted amount.

Submit proof of payment if you've already paid your provider, because if a discount is granted and we pay them directly without knowing that you've made payment, we won't facilitate a refund or pay the difference between the claimed amount and the discounted amount.

Bank: CREDIBANK | Account Number: 7678934455
Account Holder: JOSEPH COAT
Account Type
◉ Cheque ○ Savings

Account Holder Signature:  | Date: 0000-01-20

4. AUTHORISATION & DECLARATION ACCEPTANCE

I declare that the details and supporting documents submitted are true and correct. I understand that non-disclosure or false representation may result in the rejection of any claim and/or the cancellation of cover.

I hereby authorise my medical aid and healthcare providers, where applicable, to provide Stratum Benefits or their authorised representatives with any information that they need to assess my claim.

Principal Insured Signature:  | Date: 0000-01-20

Email **yourclaim@stratumbenefits.co.za**
Please enquire if you've not received feedback within **10 working days** from submitting the Claim Form

8670506787 CONSTANTIA Insurance made personal

Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Constantia Insurance Company Limited, an authorised FSP 31111.
t 010 593 0981 www.stratumbenefits.co.za

GO BACK TO THE INDEX PAGE
SELECT HERE

DETAILED HOSPITAL ACCOUNT (TAX INVOICE)

NICE CARE MARYHILL HOSPITAL

NICE CARE MARYHILL HOSPITAL
PR No 0000000
CNR JEKYLL & HYDE ROADS
MARYHILL, JOHANNESBURG, 1010
PO BOX 0101
MARYHILL 1010

Telephone 011 006 1000

Reg.No. 2010/008991/07
VAT No. 7710029879

VISIT NO: 9000940500
BOOKING NO: 7374119

ACCOUNT DETAILS :
IN-PATIENT

PAGE 1

26 JAN 0000 07:42

GUARANTOR:
MR JOSEPH COAT
PO BOX 123
ROBINDALE
JHB 2194

WORK (0) 0-0 Ext.0
HOME (0) 0-0 Ext.0
ID 8003205013087
DOB 20MAR1980

PATIENT :
MRS JEAN COAT
PO BOX 123
ROBINDALE
JHB 2194

WORK (0) 0-0 Ext.0
HOME (0) 0-0 Ext.0
ID 8202034568787
DOB 03FEB1982

MEDICAL SCHEME MED AID
PLAN ESSENTIAL
MEMB No 12345678
AUTH 23771090

PRE AUTH 23771090
L.O.S. 2.0

ADMIT 24 JAN 0000 05:08
RECEPTION DAVID HASSELHOFF
ADMIT Pr DO LOTTLE, A J, DR

VISIT/DOCTOR
DISCH 26 JAN 0000 11:39

CPT/ICD CODES

P CPT 59514
D DRG 146010
P ICD xxx
S ICD xxx
S ICD xxx

STATEMENT

GUARANTOR: MR JOSEPH COAT
PATIENT: MRS JEAN COAT

DATE	REF	CODE	DESCRIPTION	PRIVATE	CARRIER
24010000	F940500	58011	EPIDURAL/SPINAL FEE 1. 0 @ R3138.10		3138.10
24010000	F940500	58013	CAESAREAN SUB DAYS 3.0@ R3836.40		11509.20
24010000	F940500	58012	CAESAREAN BIRTH DAYI 1. 0 @ R18035.60		18035.60
24010000	T2186797		THEATRE OPER: LOTTLE, DO PN 0056692 ANAE: TOM, CJ PN 1000306 PROC: P59514 57min THEATRE (IN:10:53 OUT:11:50) OPER: 0056692 ANAE: 1000306		
		58722	1 OXYGEN RECOVERY		30.60
		58732	57 THEATRE OXYGEN		68.97
	T940500	58282	THEATRE STOCK CHARGES		549.14
	T940500	58421	THEATRE STOCK CHARGES		13.67
	D940500	58272	PHARMACY STOCK CHARGES		277.30
	D940500	58417	PHARMACY STOCK CHARGES		32.64
	W940500	58278	WARD STOCK CHARGES		113.53
	W940500	58419	WARD STOCK CHARGES		59.51
			TOTAL CHARGES	**0.00**	**33828.26**
			OUTSTANDING BALANCE	**0.00**	**33828.26**

Banking Details:
Hospital Name: NICE CARE MARYHILL
Bank Name: CAPBANK
Ace Type: CHEQUE
Branch Code: 999905
Acc No: 1439105686

DETAILED HOSPITAL ACCOUNT (TAX INVOICE)

NICE CARE
MARYHILL HOSPITAL

VISIT NO 9000940500 INVOICE **PAGE 2**
BOOKING NO: 7374119 26 JAN 2020 07:42
GUARANTOR : MR JOSEPH COAT MED AID ESSENTIAL

PATIENT MRS JEAN COAT

DATE	CODE	QTY	NAPPI	DESCRIPTION	PRIVATE		CARRIER
				*** T2186797 (THEATRE) ***			
24010000	58421	200	403178001	SURGI-TAINE (CHG IN WATER			
24010000	58282	1	701735003	BUPIVACAINE SPINAL+ DEXT			12.17
24010000	58282	1	703587001	PHARMAQ FENTANYL 100UG/2M			8.90
24010000	58282	1	709418001	LIGNOCAINE			3.67
24010000	58282	4	895157007	MORPHINE PHARMA-Q I0MG/			1 9.27
24010000	58282	2	740292005	MACAINE INJECTION I0ML 30			132.79
24010000	58282	1	718912001	PABAL I00MCG/ML			2 58.68
24010000	58282	1	201677001	LUBRICATING GEL 2.6G SACH			1.75
24010000	58282	1	720943001	GRANISETRON FRESENIUS 3MG			63.25
24010000	58282	1	822094002	MODIFIED RINGERS LACTATE			29.12
24010000	58421	1	867438002	STERILE WATER			13.49
24010000	58421	1	496125004	WEBCOL 70% SWABS 28X28MM			0.18
24010000	58282	5	712291001	SODIUM CHLORIDE 0.9% I0ML			14.89
24010000	58282	3	704344002	WATER FOR INJEC I0ML FDW0			4.65
				SUB TOTAL		**0.00**	**562.81**
				*** D5819444 (PHARMACY) ***			
24010000	58272	3	788767003				262.57
24010000	58417	2	720008001	PARACETAMOL FRES I00ML BO			32.64
24010000	58272	10	717891001	BIO METOCLOPRAMIDE I0MG T			1.18
24010000	58272	3	723330001	COXLEON 200MG			8.14
24010000	58272	1	723629001	PURGOLENE 13.8G SACHETS			5.41
				SUB TOTAL		**0.00**	**309.94**
				*** W2186614 (POST NATAL - MATERNITY WARD) ***			
24010000	58278	1	822094002	MODIFIED RINGERS LACTATE			29.12
24010000	58419	3	496125004	WEBCOL 70% SWABS 28X28MM			0.56
				SUB TOTAL		**0.00**	**29.68**
				*** W2186615 (POST NATAL - MATERNITY WARD) ***			
24010000	58419	1	496125004	WEBCOL 70% SWABS 28X28MM			0.18
24010000	58419	1	800864018	SODIUM CHLORIDE 0.9% 100M			13.90
				SUB TOTAL		**0.00**	**14.08**
				*** W2186854 (POST NATAL - MATERNITY WARD) ***			
24010000	58419		720008001	PARACETAMOL FRES I00ML BO			16.32
				BALANCE CARRIED FORWARD		**0.00**	**16.32**
24010000	58419	1	496125004	WEBCOL 70% SWABS 28X28MM			0.18
				SUB TOTAL		0.00	16.50
25010000	58278	3	707365001	TRAMAZAC 100MG/2ML AMPOUL			37.97
25010000	58419	1	496125004	WEBCOL 70% SWABS 28X28MM			0.18
25010000	58419	2	800864018	SODIUM CHLORIDE 0.9% I00M			27.81
				SUB TOTAL		**0.00**	**65.96**
				*** W2187416 (POST NATAL - MATERNITY WARD) ***			
25010000	58278		2 723749002	TAMOLTRA 37.5MG/325MG TAB			3.31
				SUB TOTAL		**0.00**	**3.31**
				*** W2187968 (POST NATAL - MATERNITY WARD) ***			
25010000	58419	4	403178001	SURGI-TAINE 1% 50ML SACHE			
25010000	58419	2	496125004	WEBCOL 70% SWABS 28X28MM			0.38
				SUB TOTAL		0.00	0.38
				*** W2188129 (POST NATAL - MATERNITY WARD) ***			
25010000	58278	2	723749002	TAMOLTRA 37.5MG/325MG TAB			3.31
				SUB TOTAL		**0.00**	**3.31**
				*** W2188357 (POST NATAL - MATERNITY WARD) ***			
25012020	58278	4	723749002	TAMOLTRA 37.5MG/325MG TAB			6.64
				SUB TOTAL		**0.00**	**6.64**
				*** W2188586 (POST NATAL - MATERNITY WARD) ***			
26010000	58278	4	723749002	TAMOLTRA 37.5MG/325MG TAB			6.64
				*** W2189024 (POST NATAL - MATERNITY WARD) ***			
26010000	58278	2	721522009	DULCOLAX SUPPOSIT. ADULT			26.54
				INVOICE TOTAL	**1045.79**	**0.00**	**1045.79**

GO BACK TO THE INDEX PAGE
SELECT HERE

DETAILED PROVIDER/S ACCOUNT

DR CJ TOM ANAESTHESIOLOGIST

VAT NUMBER : 3260150374 ***PRACTICE NUMBER: 1000306***

(All amounts on this statement include VAT)

P O BOX 1234
BLOUBLEAU
2020

TEL: +27 11 001 0123
FAX: 080 456 6543
e-mail: accounts@drtom.co.za
Page 1

Your account No: ODO21012 **STATEMENT** **10-01-0000**

MR J COAT
PO BOX 123
ROBINDALE
JHB
2194

MED.SCHEME: MED AID
MED.AID NO: 12345678
PATIENT : Jean Coat (Female)
BIRTHDATE: 03-02-1982 NUMBER: 00
SURGEON: Lottle (0056692)
ANAESTHETIST: Tom (1000306)
PAT. ID-NUMBER: 8202034568787
TEL: 0800007007

Date/ Code	Patient/(Doctor) Description	Quantity	Nappi/[Modifier]	Invoice/	Total/ Amount	Med.Aid	Patient	Balance [Note code]
24-01-0000	**00 JEAN COAT 03-02-1982**			**00034542/P**	**3483.42**	**0.00**	**1990.62**	**1990.62**
	*** Invoice Status : 2. Second stage of CCA ***							
	Attending provider: Tom Practice no: 1000306 Council no: MP0000200							
	Service centre: NICECARE HOSPITAL MARYHILL							
0000	Epidural assessment: Pr	1.00			766.00		407.00	
	ICD-10: Z00.0							
	Place of Service: 24							
0000	Child Birth: Delivery	1.00			627.10		-506.70	
	ICD-10: Z00.0							
	Place of Service: 24							
0000	Epidural Time X 55 MIN	55.00	TIME: 08:55 - 09:50		1672.22		1672.22	
	ICD-10: Z00.0							
	Place of Service: 24							
0000	MSS - Recovery	1.00			418.10		418.10	
	ICD-10: Z00.0							
	Place of Service: 24							
28-01-0000	*MedAid Receipt 100500200ELECTRONIC (PATHHEALTH 30/01/20)*				*-1492.80*			
				Total outstanding:		**0.00**	**1990.62**	**1990.62**

For electronic funds transfer and payment, please use the following bank details:
Our reference : CJT56875
Account Name : Charles J Tom INC **Account No : 1041 164 8414**
Bank Name : The Bank Limited **Branch Code : 681 116**

	120+days	90 days	60 days	30 days	Current	Now Due
Total Due	**0.00**	**0.00**	**0.00**	**1990.62**	**0.00**	**1990.62**

GO BACK TO THE INDEX PAGE
SELECT HERE

DETAILED MEDICAL AID STATEMENT

MED AID
Health Medical Scheme

CLAIMS HISTORY

This shows your previous claim transactions. Date: 0000/01/30 Time: 11:48:05

Report details

Member name: JJ SOAP
Employer name: SOAP FACTORY (PTY) LTD
Membership no: 12345678
Date of entry: 0000/01/01
Date of withdrawal: 0000/01/01
Service date from: 0000/01/24
Service date to: 0000/01/26

Filter criteria

claims per provider: CJ TOM INCORPORATED

Year	Annual Threshold	Pro rata Threshold	Annual Medical Savings Account	Pro rata Medical Savings Account
0000			R5184	R5184
0000			R5688	R5688

Patient information		Treatment date	Process date	Claims reference	Amount claimed	MED AID Health Rate	Cumulative expenses 2018	Cumulative expenses 2019	Claims paid from MSA*	Claims paid from Medical Scheme	Claims paid from MSA balance	Claims paid to Member	Claims paid to Service provider	Claims not paid Your portion	Claims not paid Portion not payable***	RC
JEAN COAT - CJ TOM INCORPO	9TGG32	0000/01/24	0000/01/30	7RFF1O	3 483.42	1 492.80			0.00	1 492.80	0.00	1 492.80	0.00	1 990.62	0.00	45
Total for In Hospital					**3 483.42**	**1 492.80**			**0.00**	**1 492.80**		**1 492.80**	**0.00**	**1 990.62**	**0.00**	
Total for Adjustments									**0**							
Totals					**3 483.42**	**1 492.80**			**0.00**	**1 492.80**		**1 492.80**	**0.00**	**1 990.62**	**0.00**	

Reason Code (RC) descriptions

Reason Code (RC)	Reason Code description
45	This claim exceeds the maximum amount payable by the Scheme.

Current Medical Savings Account balance: R5528.85
Expenses for this year: R589.83

Disclaimer

MSA* = Medical Savings Account **Portion not Payable*** = The amount for which neither you nor the Scheme is responsible**

Page 1

GO BACK TO THE INDEX PAGE
SELECT HERE

MEDICAL AID PRE-AUTHORISATION LETTER

MED AID
Health Medical Scheme

Dear Mr Joseph Coat

Your request for admission has been approved for the stated diagnosis, and is subject to compliance with the Scheme Rules, available benefit limits and clinical policies.

Patient details	**Patient's name**	Jean Coat
	Patient's date of birth	82/02/03
Authorisation details	**Authorisation number**	131716124
	Date of admission	00 December 0000
	Approved length of stay	0.5 days
	Hospital / Facility	Nice Care Maryhill Hospital
	Diagnosis code / ICD 10 code	R11.4, R18.4
	Procedure code / CPT	43235, 45378
	Tariff / RPL	1587, 1653

Co-payments

- **Specialist referral procedures performed in hospital**
  R4 720 Co-payment will be applied to the hospital account and not the specialists account for specialised procedures. No referrals required.

Doctors reimbursement

- We have noted that your selected Specialist, Dr AJ Do Lottle, is not on the Med Aid Health Associate Specialist network and as such you will be liable for shortfalls should the doctor charge more than the Scheme rates. In order to protect you from unexpected shortfalls, we encourage you to confirm the rate that will be charged by the practice.
- Are you aware that using Associated Specialists, including anaesthetists, provides you with peace of mind that your doctor will claim at Scheme rates? This will protect you from unexpected shortfalls, regardless of whether your admission is related to a Prescribed Minimum Benefit condition. To find Associated Specialists in your area, log in to medaidhealthmedicalscheme.co.za, or contact the call centre on 0000 00 00 00, quoting the authorisation number 131316124 for more information.

Additional information

Double balloon enteroscopy requires motivation from the Dr.
General anesthetic is not routinely covered. Conscious sedation administered by an anesthetist will be covered up to R480.

If admission or treatment is a confirmed PMB diagnosis and you would like the co-payment to be waivered, admission/treatment needs to be at the schemes designated service provider, State.
For non PMB conditions the co-pay will apply.

Take-home medication (TTO's) limited to 7 day supply only.

Please take note that:

- We based our decision on the information that we had available at the time that we processed the request. You can submit anyadditional information that may change the outcome of our decision to us via the contact details below.
- An authorisation validates the clinical appropriateness of the requested service but is not a guarantee of payment. We will pay for authorised services subject to valid membership at the date of service and available benefits when processing the claim/s.
- If you or your healthcare practitioner disagree with the outcome of the authorisation, or the co-payment or reimbursement rate indicated in this letter, you may submit a motivation to preauthorisation@medaidhealth.co.za for us to review.
- Please do not hesitate to contact us on 0000 00 00 00 or send an email to preauthorisation@medaidhealth.co.za should you have any enquiries relating to this pre-authorisation request.

Kind regards
Med Aid Health Pre-Authorisation Team