



Dear Member

In this edition of our newsletter, we will focus on GP Networks, the Pre-authorisation process and requirements as well as the claims e-mail that we have introduced.

We welcome any suggestions that you may have on types of articles and / or topics you would like to see published in future newsletters.

Please e-mail or fax any suggestions you may have to Lallie Govender – lallie.govender@momentum.co.za or fax number **031-580 0455**.

Yours in good health....

GP Networks

After receiving a number of requests from members for details of General Practitioners who charge “Scheme Rates”, the Trustees have taken a decision to introduce an Associated GP Network across both the Standard and Extended options. The GP is viewed as the primary co-ordinator of healthcare and plays a vital role in advising, guiding and co-ordinating comprehensive care. The Associated GP Network will be in place effective 01 June 2011. From June to December 2011, participation of the GP Network will be voluntary and no penalties will be applied to members who do not utilize the Network GP’s. The Trustees will review the Associated Network for 2012 and will consider making it mandatory for all members.

A list of GP’s in your region has been posted to all members. A National list of all the Network GPs in South Africa is available on the Scheme’s website, www.nampakhealth.co.za as well as on **iNsight**.

AGM NOTICE

Date : 23 June 2011
Time : 10:00
Venue : Imbizo Boardroom
Nampak Head Office
114 Dennis Road
Athol Gardens
Sandton

PRE-AUTHORISATION

Hospitalisation

Members who need to be hospitalised are required to obtain prior approval for hospital procedures and treatment by contacting the Scheme on **0860 10 10 47**.

Failure to obtain hospital pre-authorisation will result in the member being liable for the full cost of hospitalisation and any related expenses.

It is important to note that hospitalisation pre-authorisation does NOT include external appliances that might be used while you are in hospital, e.g. oxygen or surgical prosthesis. A separate pre - authorisation number must be obtained for any external appliances or you will be personally responsible for the cost of the appliance.

If you are unsure of whether pre-authorisation is required for an item or procedure it is best to contact the Scheme on 0860 10 10 47 and obtain confirmation.

Members must have the following information available when they contact the Scheme for authorisation:

- Membership number
- Name and address of admitting doctor
- Date of admission into hospital
- Name of hospital or clinic
- Medical condition
- Diagnosis
- ICD-10 / Procedure codes
- Type of procedure/operation (where applicable)
- Expected length of stay

As soon as hospitalisation has been approved, the member will be provided with an authorisation number which is valid for thirty (30) days from date of issue. Members must provide their doctor and relevant hospital / clinic with the authorisation number.

Emergency Admission



In the event of emergency hospitalisation, where the member is unable to obtain pre-authorisation, the Member's spouse or a family member is required to inform the Scheme on **0860 10 10 47** within 48 hours (two days) of admission.

Treatments

- Bone Densitometry Scans
- Cancer Treatment
- Dentistry in Hospital
- Dialysis
- Emergency Services : Netcare 911
- Laser Refractive Eye Surgery
- Mammograms
- MRI, CT and Pet Scans
- Organ Transplants
- Oxygen Supply

- Private Nursing and Hospice
- Psychiatric Hospitalisation
- Rehabilitation
- Stoma therapy
- Surgical Prosthesis

External Appliances

You require a separate authorisation for external appliances, even whilst in hospital. e.g. neck braces required to recover from back operations.

Note: Provided the Member's contributions are up to date, the authorisation number confirms that benefits are available and guarantees the members admission. Pre-authorisation does not guarantee payment of the account.

CLAIMS

For the convenience of members we have recently implemented a dedicated email address for the submission of member claims: **claims@nampakhealth.co.za**

Important points to remember when using this email address to ensure that we are able to process your claims easily and efficiently:

1. Any claims attached to this email should be in one of the following file formats:
 - PDF (.pdf)
 - XML (.xml)
 - Tiff (.tiff)
 - Word (.doc)
2. When you email this address you will receive an automated reply with a reference number for your information. You will receive no further communication from this email address.
3. Should you have any queries, either relating to the claims submitted or otherwise, please use: **info@nampakhealth.co.za**

DID YOU KNOW?

1. Members and their dependants qualify for a free flu vaccine.
2. Members have access to a free 24-hour medical advice line managed by clinical sisters. Simply dial **(010) 209 8911**
3. Radiology and Pathology (In and Out of Hospital) is paid from the Scheme's Risk Benefit.
4. Pregnant mums have access to additional benefits during their pregnancy. Call **0860 10 10 47** to find out more about our Maternity Programme.
5. By registering on the Scheme's website, you will have access to view your medical scheme details including your claims and statements.

Patient Advocacy

WATCH THIS SPACE!!!!