SPECIALISED DENTISTRY

Submit the following information to dental.polmeddental@medscheme.co.za in order to obtain authorisation:

- Full diagnosis of the condition.
- Treatment plan (tariff codes and ICD-10 codes).
- Clinical motivation.
- Teeth numbers.
- Laboratory codes (where applicable).
- Clear X-rays.

IN-HOSPITAL DENTAL PROCEDURES – CONTACT DETAILS FOR PRE-AUTHORISATION
Tel: 0860 765 633
Fax: 0860 104 114
Email: polmedauths@medscheme.co.za

PAYMENT GUIDELINES/HOSPITAL PRE-AUTHORISATION

- 100% of POLMED rate or at cost for prescribed minimum benefits (PMBs).
- You may be liable for the full claim or a co-payment of R5 000 if no pre-authorisation is obtained.

PAYMENT GUIDELINES/DENTAL PROCEDURE

- 100% of POLMED rate or at cost for PMBs.
- You may be liable for the full claim or a co-payment of R500 if no pre-authorisation is obtained.