



**POLMED**  
OUR INVESTMENT OUR HEALTH OUR FUTURE

# Alleged Medical Aid Claims Irregularities

Dear Member,

**Please note that POLMED has and will, going forward, distribute correspondence to members when medical aid claims anomalies are detected by the scheme and/or its forensic service provider.**

The correspondence will be member specific and case specific i.e., where a healthcare provider was found to have submitted irregular fraudulent, wasteful, abusive and/or erroneous claims to POLMED. POLMED has an obligation and strategic objective to fulfil, engage, and hold members accountable where necessary.

The correspondence will be self-explanatory, and requests of members or their dependants will be made where necessary to make representations to the scheme regarding the detected anomalies, as contained in the scheme rules. Members will essentially be expected to respond to the case and/or claim-specific questions/concerns, which information will be considered by the scheme.

It is in all members' interest to timeously respond to the correspondence and to assist the scheme during its fact-finding engagements. Neither the scheme nor the South African Police Service (SAPS) will condone the irregular medical aid claims submissions and payment by POLMED.

Regards,  
**POLMED**

