



POLMED[®]

OUR INVESTMENT OUR HEALTH OUR FUTURE



TOP FAQs



What documents are required to add my dependant?

- Application form to add dependants
- Copy of ID
- Copy of marriage certificate if applicable
- Copy/copies of birth certificates
- Membership certificate from previous medical aid if applicable
- POLMED affidavit A, B, C or D if applicable



How long would I have to wait before my dependant is added after submitting the documents?

Three working days.



Will there be waiting periods imposed on my dependant(s) after adding them?

Yes, waiting periods will be applied where applicable.



Why is my membership suspended?

Due to outstanding contributions or member claims debt.



I've made payment, would you be able to lift the suspension?

Suspension is lifted immediately after payment has been received and allocated to the member.



How much am I supposed to pay on a monthly basis?

The full monthly contributions. Short payments may lead to suspension of benefits.



Has my suspension been lifted? Is my membership active?

An SMS will be sent to confirm that the suspension has been lifted and that membership is active.



Have you received a claim from XXXXX? Has the claim been paid and what is the date of payment?

No we did not receive the claim. Please forward it to polmedcurrentclaims@medscheme.co.za.

If it is a valid claim, the claim will be paid at POLMED rates. If Dr XXXXX is on our network, we will pay an increased rate.

The claim will be paid within 30 days.



Please send me a list of the GP Network.

You can access a list of network GPs close to you on the website by using the provider locator tool on www.polmed.co.za.

You just need to insert your address and select your plan. A list of all the GPs with network indicators can be exported from the website.



I would like to update my contact details, cell number/email address/address.

Kindly contact the contact centre on **0860 765 633** to update your personal details.



Please assist me in obtaining my electronic card. How do I go about getting my e-card on WhatsApp?

You need to save the WhatsApp chat number **060 070 2547** to your contacts and follow the instructions.



Please send me my previous year(s) tax certificate.

Your tax certificate can be downloaded from the website, WhatsApp chat, the walk-in centre or by calling the contact centre.



What benefits do I have for a mammogram?

What do my preventative care/allied health benefits entail?

- A mammogram will be paid from the Preventative Benefit for women aged 40 to 69, every two years.
- If needed outside the guidelines, a motivation letter needs to be sent to polmedspecialcases@polmed.co.za. The mammogram will be paid from Basic Radiology if approved.
- The Preventative Benefit allows for risk assessment tests to ensure the early detection of conditions that may be completely cured or successfully managed if treated early. All services as per the specified benefit will be covered from the in-hospital benefits and will not deplete your out-of-hospital benefits. A full list of all the tests allowed under this benefits is available on p22 and 23 of the benefit guide.
- Allied health services and alternative healthcare providers biokineticists, chiropractors, chiropodists, dieticians, homeopaths, naturopaths, orthoptists, osteopaths, podiatrists, reflexologists, therapeutic massage therapists benefits will be paid for clinically appropriate services.
- This benefit is **ONLY** available for Marine members.



Why do members need to be referred by a GP to a Specialist?

- There is a growing trend of fragmented care, where a number of our beneficiaries are receiving duplicate treatment from multiple doctors and providers. This leads to poor patient experience and unsatisfactory outcomes. Resulting in claim's short payment and depletion of OOH benefits.
- The GP referral process ensures that our members receive appropriate and effective care.
- It also helps to ensure that their benefits last longer by avoiding duplication of tests and consultations with specialists for concerns that can be handled by a GP.
- In an effort to enhance the coordination of care, members are required to obtain a referral number from their GP before consulting with certain specialists.



What happens to a specialist's claims if a member did not obtain a referral?

- On Marine a R1000 co-payment applies, and on Aquarium a 30% co-payment applies. The co-payment will be payable by the member to the specialist. It is not refundable by the Scheme.
- To allow for unforeseen circumstances, POLMED allows 2 Specialist visits per beneficiary per year without a referral.



Do members need a referral for all Specialists?

The short answer is, No.

Polmed approved the following exceptions for both Marine and Aquarium plans, where the member doesn't have to obtain a specialist referral:

- Gynaecologist
- Psychiatrist
- Oncologist
- Ophthalmologist
- Nephrologist
- Dental Specialist

