



INFORMATION BOOKLET



MEDSURE GLOBAL

WE PROVIDE AFFORDABLE HEALTH CARE THAT MAKES THE DIFFERENCE



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WELCOME TO MEDSURE GLOBAL

CONNECTING YOU TO A NETWORK OF HEALTH CARE

We're thrilled to have you as a new member of the GENRIC Health Insurance Private Health Care product. This instruction booklet will guide you through a few key features and services that come with your GENRIC Health membership. Please read through your Policy Schedule for detailed description and guidelines of your benefits to ensure you understand how to access and use them.

EMERGENCY NUMBERS

In case of a medical emergency for Hospital and Ambulance services, please call the dedicated 24/7 emergency number

086 000 2402

or for further assistance you may call our office

031 303 3928 (Office Hours 8h00 – 16h30)

Our team of medical professionals are always ready to assist you in any way possible.

CUSTOMER SERVICE

AMBULANCE/ EMERGENCY/ HOSPITAL AUTHORIZATIONS

♦ **031 303 3928 Office Hours (8h00 – 16h30)**

♦ **086 000 2402 All Hours (24/7)**

NURSELINE CONSULTATIONS (WhatsApp Only)

♦ **072 815 8226**

DENTIST

♦ **086 103 3647 / 086 000 2402**

CLIENT ASSISTANCE PROGRAMME (CAP) BENEFITS

- Personal Health Advisor - Credit and Debit Assist
- Legal Assist - Trauma Counselling

♦ **086 022 2286 - All Hours 24/7**

SUPPORT CENTRE & GENERAL ENQUIRIES

♦ **031 303 3928 Office Hours (08h00 -16h30) or**

♦ **066 122 1528 (WhatsApp Only) Office Hours (08h00 -16h30)**

Customer support includes chat and agent call back functions, real-time support with a personal touch through a careful balance of automation and human interaction.



QUALITY HEALTH CARE FOR ALL



This Accident and Health Policy is Administered and Underwritten by GENRIC Insurance Company Limited (FSP: 43638), an Authorised Financial Services Provider and licensed non-life Insurer. Distributed by MedSure Global (Pty) Ltd and R&P Wealth Management (Pty) Ltd (FSP: 46192), an Intermediary and Authorised Financial Services Provider. This policy is not a medical scheme and does not provide the same cover. It is not a replacement for medical scheme membership.



WHAT HAPPENS AFTER I HAVE APPLIED ?



You will receive three SMS's

The three SMS's you will receive will consist of the following information:

- ◆ Your health insurance policy number
- ◆ The cell phone number for National Health Care Group's WhatsApp Nurse Line
- ◆ The link to the GENRIC Health MobiSite

Reading your policy documents helps you verify that the policy meets your needs and that you understand your responsibility as well as the insurance company's responsibilities.



You will receive your policy documents via email

- ◆ Membership welcome letter and Instruction Booklet
- ◆ Digital Membership Card
- ◆ Policy documents including Terms and Conditions

Reading your policy documents helps you verify that the policy meets your needs and that you understand your responsibilities and those of Genric Health Insurance.



You will receive your Membership Portal

On registration of your Health Insurance product with GENRIC Health, you will receive a WhatsApp message containing a link to your personal MedSure portal. Be sure to save this link to your mobile phone's home screen for convenient access to all support platforms, product and service information, service provider networks, and MY MEDSURE. This will also allow you to access the GENRIC Health MobiSite and our Affiliate program.

[Download Instructions on Page 3](#)



Register on the MobiSite

You can access your digital membership card once you have successfully registered on the GENRIC Health MobiSite. Remember, you will need your digital membership card as identification when using your GENRIC Health insurance benefits. Registration is simple - if you have any hiccups, please feel free to contact us on **031 303 3928** and our trained consultants will gladly assist you.

[Registration Instructions on Page 3](#)



Manage your Health during your Waiting Period

Stay proactive about your health by saving this number in your contacts: **072 815 8226**. During your 30-day waiting period, you can chat with a National HealthCare Group WhatsApp Nurse for medical advice. After the waiting period, the Nurse Line remains available and can also refer you to National HealthCare Group Network GPs once coverage begins.



Simply scan the QR code for access and opportunity

MEMBER PORTAL

How to access:

- ◆ Download the MedSure Global portal via this link or simply scan the QR code provided.
- [Link](#)
- ◆ Log in using your member ID and password (created during your application process).



HOW TO DOWNLOAD THE MEDSURE PORTAL

Android:

1. After receiving the link.
2. Click the link.
At the top of the screen, you'll find the menu icon.
3. Select the icon and scroll down to find "Add to Home Screen."



iPhone:

1. After receiving the link.
2. Click the link.
At the bottom of the screen, you'll find the menu icon.
3. Select the icon and scroll down to find "Add to Home Screen."



HOW TO REGISTER ON THE GENRIC MOBISITE

1. Click the SMS Link

After joining GENERIC Health Insurance and registration of your Policy, you'll get an SMS with a link to the GENRIC Health MobiSite. Click the link to access the login/register page.

2. Select Register

On the GENRIC Health MobiSite, click the REGISTER icon, then the MEMBER icon.

3. Fill Required Fields

Complete the required fields, creating your own username and a 5-digit PIN. Tick the T&C's box and click REGISTER.

4. Account Validation SMS

Keep an eye out for your account validation SMS and follow the unique link to return to the login/register page.

5. Log In

Remember your username and PIN. Enter these details to log in.

MY MEDSURE

MY MEDSURE is designed to help you access information and support for managing your Health Insurance policy. After downloading the MedSure Portal and adding it to your home screen, click on MY MEDSURE to register on the MobiApp for access to:

- ◆ My Card (your digital membership card)
- ◆ My health (includes health tips, home remedies, formularies and more)
- ◆ My Usage (your claims and usage history)
- ◆ My Providers (direct link and search function to your service provider networks)
- ◆ My profile (contains all your policy documents and personal information)

MEDSURE MEMBER PORTAL

Your portal is your digital gateway to all your product information and support. Accessible via our member dedicated portal and mobile app.

Explore all the features and tools at your fingertips.



PORTAL FUNCTION

24/7 EMERGENCY

Emergency Support

In case of a medical emergency for Hospital and Ambulance services, please call our 24/7 emergency number at 086 000 2402. Our team of medical professionals is always ready to assist you in any way possible.

APPLY NOW

Application

Apply on-the-go or and from the comfort of your home and be covered within 48 hours.

MY MOBIAPP

My MobiApp

Your convenient on-the-go App for quick access to your medical provider network, digital card and policy benefits. Keeping you connected and in control.

INFORMATION

Important Information

1. Instruction Booklet
2. FAQ's
3. Product Options
4. Benefit Protocols

Customer Support

Call Me

Share your details and we'll reach out at your preferred time.

Support Centre

Dedicated WhatsApp & Live Agents Support Line & Onboarding Assistance.

Nurse Consults

WhatsApp for Scripts, Virtual Consultations and Appointment Bookings.

MY BENEFIT PROTOCOL

My Benefit Protocols

Know exactly which procedures and benefits are covered under your policy. This will ensure no out of pocket expense for network benefits.

MY QR CODE

My QR Code

Share your portal with anyone by letting them scan your QR code.

MY AFFILIATE PROGRAMME

My Affiliate Programme

Join our unique Affiliate Programme and earn by simply referring you Health Insurance product to your friends.

MY POLICY

My Policy

1. Policy Documents
2. Instruction Booklet
3. Update my details

SIMPLYING HEALTH CARE



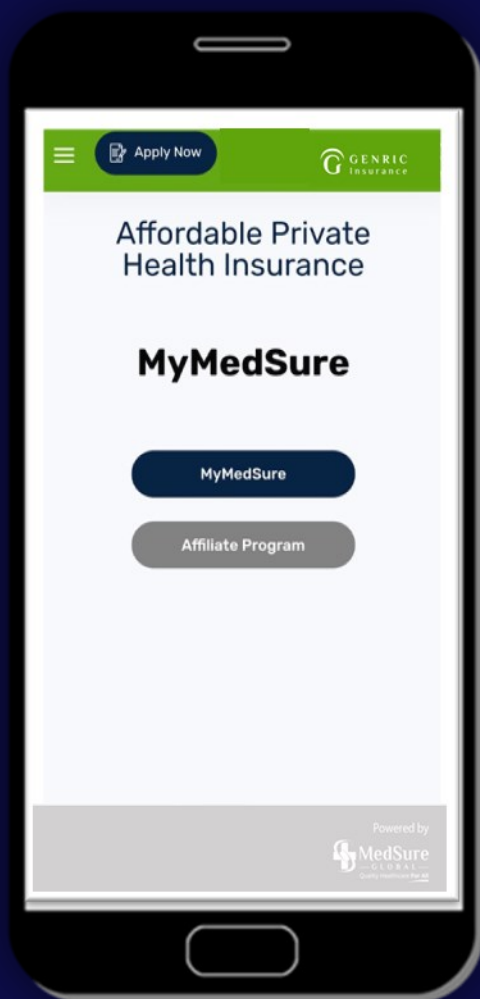
This Accident and Health Policy is Administered and Underwritten by GENRIC Insurance Company Limited (FSP: 43638), an Authorised Financial Services Provider and licensed non-life Insurer. Distributed by MedSure Global (Pty) Ltd and R&P Wealth Management (Pty) Ltd (FSP: 46192), an Intermediary and Authorised Financial Services Provider. This policy is not a medical scheme and does not provide the same cover. It is not a replacement for medical scheme membership.



MEMBER PORTAL

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Explore all the features and tools at your fingertips.



MY MEDSURE

MedSure Global has developed an innovative automated information platform allowing anyone to market and distribute this much needed Private Health Care product, with all advice and compliance embedded within the Portal, giving people the opportunity and freedom to make their own informed choice and experience a seamless application process, strategically designed for the Health Insurance industry following all compliance and legalities.

MY MEDSURE also give you an opportunity to earn money by becoming an Affiliate.

How to Become an Affiliate

- ◆ Simply log-in and register as an affiliate by completing the Affiliate Form and submit for registration.
- ◆ Once registered, you'll be granted access to your affiliate dashboard, where you will find marketing posts and scripts all prepared for you to post on to your social media platforms.
- ◆ This will also include a link for you to distribute your portal to your contacts network or anyone that you think may benefit from our Health Insurance products.

Your portal and social media post will have a unique code embedded which will ensure that every successful registration of a policy will be allocated to you the affiliate.

Now Your Work is Done

Anyone interested in the Health Insurance product will be directed to our Support Centre for help, further information or assistance for onboarding.

Your dashboard will display all sales allocated to your unique code and you will be able to see how many sales you were able to register and a counter showing you your earnings. It is that SIMPLE !

Please note that your sales will immediately register on your dashboard, but payment will only be released after successful collection of the 3rd premium by the Insurer.

HOSPITAL AND EMERGENCY NUMBERS

086 000 2402 24/7

and for further assistance

031 303 3928 (Office Hours 8h00-16h30)

HOSPITAL ACCESS

STEPS FOR HOSPITAL ADMISSION

STEP 1

The hospital will contact the National HealthCare Group to obtain the required authorisation

STEP 2

A Hospital Case Manager will coordinate with your Insurer to confirm your benefits.

HOW TO OBTAIN AUTHORISATION:

STEP 1:

Get a referral from your Network Doctor

STEP 2:

Submit the necessary documents to your GENRIC Health. Ensure that detailed treatment and procedure codes are included, as they are required for approval and authorisation.

- ◆ Your membership number
- ◆ Name and practice number of your treating doctor
- ◆ The details of the Hospital or Day Clinic
- ◆ Your diagnosis (ICD-10 Code) provided by your doctor
- ◆ The procedure name and code (RPL procedure code) Provided by your doctor

STEP 3:

Once approved, the hospital will be notified, and your admission will be confirmed.

We Make A Difference



HOW TO ACCESS YOUR HOSPITAL BENEFITS

HOSPITAL ADMISSION FOR AN EMERGENCY

In case of an accident or emergency, you may be taken to the nearest hospital for immediate stabilisation. Once your coverage and authorisation are confirmed, you'll be transferred to a private hospital for further treatment.

For accidents, you must seek medical care within 12 hours, and report the incident to the GENRIC Health within 31 days. Claims filed outside this period will not be eligible.

GENRIC Health Insurance provides access to all private hospitals across the country that accept Health Insurance. Authorisation and Emergency Assistance is managed by the National HealthCare Group.

To locate a hospital near you, please call our Customer Support line and our customer service team will assist you to obtain the necessary authorisation to ensure a hassle free and seamless experience.

Pre-authorisation is required for all Hospital, Casualty admissions and emergency services.

This benefit does not cover hospital admission for investigative procedures or dental/oral treatments, except in the case of an accident, unless specified in the policy. Each incident has a maximum benefit limit, which is listed in your Schedule of Insurance under "OPTION BENEFITS." Once the incident limit is reached for a specific illness, injury, or condition, no further coverage is provided for that incident.

HOSPITAL ADMISSION FOR A PLANNED PROCEDURE

For hospital admissions, surgeries, or specialised treatments, prior authorisation is required. This process ensures that your care is covered and helps prevent unexpected out-of-pocket expenses.

Re-authorisation is required 72 hours before you are admitted.

CASUALTY BENEFIT (ACCIDENT & ILLNESS)

Casualty Benefit Coverage

Admission to a casualty facility for an accident or illness is covered up to the amount specified in your Product Option benefits. Accident coverage is part of the overall Accident Cover benefits, while illness coverage is part of the Illness Cover benefits. Both require pre-authorisation, and illness coverage is available for after-hours emergencies only.



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NURSELINE CONSULTATIONS

(WhatsApp Only)

072 815 8226

HOW TO ACCESS YOUR BENEFITS

BOOKING YOUR GP CONSULTATION

STEP 1

Locate a Doctor in Our Network

Use the search function on your portal under the "Service Providers" tab, or in the MobiApp under the "My Providers" tab, to find GP practices in your area.

STEP 2

Select and Book an Appointment

Choose a GP that is convenient for you and book your appointment directly.

STEP 3

Visit the GP

At your consultation, present your membership card for verification. Ensure that you have selected a GP from the network to avoid additional costs.

Please carefully check your plan option to confirm your benefit details.



TO SEE A DOCTOR

Access to general practitioners (GPs) is one of the cornerstones of your healthcare. Your membership allows for managed unlimited consultations with a GP for routine and acute medical concerns which also includes a list of in-room procedures. Pre-authorization is required for every GP visit from the 5th consultation onwards. Please be sure to check what benefits are available to you. Click the link below:

- [Link](#)

You may contact our Customer Service line to request authorization for your GP" consultation, if needed. Alternatively, you can call the doctor's office directly to schedule an appointment and confirm a convenient time.

UNDERSTANDING YOUR BENEFITS

Always have the relevant treatment protocols with you to inform your doctor of what procedures are covered. This will ensure that your treatment is in line with your benefits and helps avoid unexpected out-of-pocket expenses. These protocols can be easily accessed on your portal under the "Benefits Protocols" button.

Nurse Line

You can reach our Nurse Line (Monday to Friday 8:00 - 16:30, excluding public holidays) for a consultation with a nurse. If a GP referral is not required, the nurse can also prescribe medication. Simply WhatsApp 072 815 8226 and type "Hi." You may consult via text or request a callback.

Out-of-Network Consultations

You may visit an out-of-network GP for up to 2 consultations, depending on the product option you selected. Verify if this benefit applies to you. If eligible, this benefit operates on a pay-and-claim basis. Please refer to the claim process outlined on page 12.

Specialist Consultations

If your policy option includes a specialist benefit, you may consult any specialist, provided you have a referral from a network GP. This benefit operates on a pay-and-claim basis. Please review your available benefit limit, as a co-payment may apply.

Adding Your GP to the Network

If your preferred doctor is not currently in our network, our team can help facilitate the process of adding your doctor, as long as the doctor is willing to join.



QUALITY HEALTH CARE FOR ALL



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DENTIST NUMBER

086 000 2402 / 086 103 3647

HOW TO ACCESS YOUR BENEFITS**HOW TO BOOK A DENTIST APPOINTMENT****STEP 1****Locate a Dentist in Our Network**

Use the search function on your portal under the "Service Providers" tab, or in the MobiApp under the "MY MEDSURE" button, to find the Dentist practices in your area.

STEP 2**Select and Book an Appointment**

Choose a Dentist that is convenient for you and book your appointment directly.

STEP 3**Visit the your Dentist**

At your consultation, present your membership card for verification. Ensure that you have selected a Dentist from the network to avoid additional costs.

* Please carefully check your plan option to confirm your benefit details.

**TO SEE A DENTIST**

Your plan includes routine basic dental care to help maintain oral health. Your dental benefits are subject to protocols and formulary. Please be sure to check with your dentist to make sure that the treatment adheres to the protocols to ensure that all costs are fully covered.

These protocols can be easily accessed on your portal under the "Benefits Protocols" button or by clicking the link below:

- [Link](#)

You may contact our Customer Service line to request authorisation for your GP consultation, if needed. Alternatively, you can call the dentist's office directly to schedule an appointment and confirm a convenient time.

UNDERSTANDING YOUR BENEFITS

At your consultation, present your membership card for verification. Ensure that you have selected a Dentist from the network to avoid additional costs.

Important Notes

Understanding Your Benefits: Always have the relevant treatment protocols with you to inform your doctor of what procedures are covered. This will ensure that your treatment is in line with your coverage and helps avoid unexpected out-of-pocket expenses. These protocols can be easily accessed on your portal under the "Benefits Protocols" button.

Adding Your Dentist to the Network

If your preferred doctor is not currently in our network, our team can help facilitate the process of adding your doctor, as long as the doctor is willing to join.

denis
Dental Administrator



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QUALITY HEALTH CARE FOR ALL

ASSISTANCE ?

For help or guidance on accessing your benefits, contact our Support Team anytime. Call the MedSure Support Centre: **031 303 3928 or 086 000 2402**

HOW TO ACCESS YOUR BENEFITS

STEP 1

Referral Letter

If you need blood tests or X-rays, you will require a referral letter from a network GP.

STEP 2

Finding a Radiologist or Path Lab

You can visit any radiologist or pathology laboratory that accepts Health Insurance.

STEP 3

Present Benefit Protocols for Covered Services

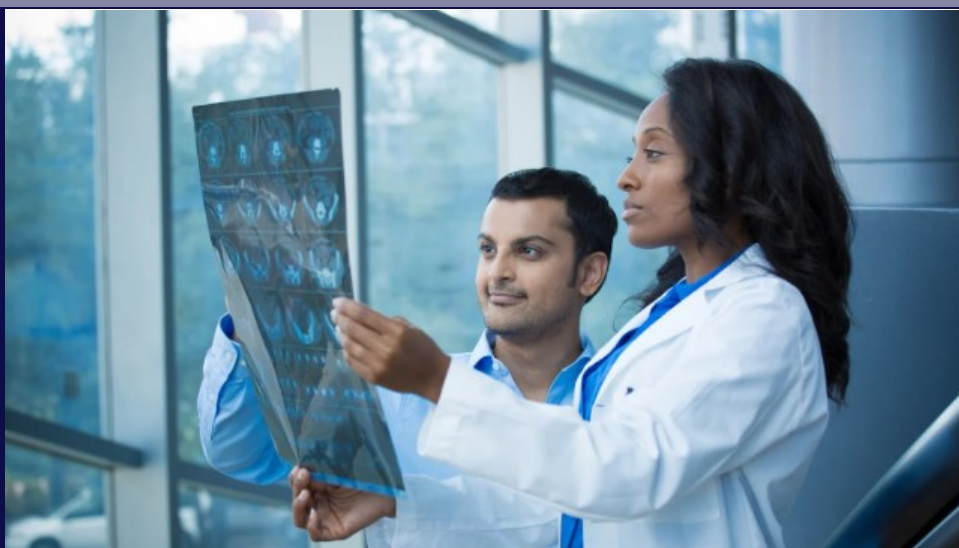
Present your membership card and benefit protocols at the path lab or radiologist to confirm that the required tests or X-rays are covered. This will help prevent any out-of-pocket expenses.

STEP 4

Required Claim Information

Make sure to keep a copy of both the referral letter and the invoice, which should reflect all relevant ICD codes and proof of payment (POP), for claiming purposes.

Please carefully check your plan option to confirm your benefit details.



RADIOLOGY & PATHOLOGY

As a GENRIC Health member, you have access to all Radiology and Pathology laboratories and your policy covers essential out-of-hospital diagnostic tests, including blood tests and X-rays, to assist in diagnosis and treatment planning.

This benefit is on a pay and claim basis and requires a referral from a networked GP.

Radiology Benefit

There is no limit on x-rays, but cover is only for 1 (one) and 2 (two) sided black and white x-rays, however services are directly linked and restricted to the GENRIC's Protocols. Members must be referred by a network general practitioner.

These Protocols can be easily accessed on your portal under the "Benefit Protocols" button or by clicking the link below:

- [LINK](#)

This will ensure that your claims are paid in full and that no payment or co-payment is required.

Pathology Benefit

There is no limit on pathology, however services are directly linked and restricted to the Underwriter's Protocols. Members must be referred by a network general practitioner.

These Protocols can be easily accessed on your portal under the "Benefits Protocols" button or by clicking the link below:

- [LINK](#)

This will ensure that your claims are paid in full and that no payment or co-payment is required.

NOTE:

THIS BENEFIT IS AVAILABLE TO THE MEMBER ON A PAY & CLAIM BASIS ONLY. PLEASE CAREFULLY CHECK YOUR PLAN OPTION TO CONFIRM BENEFIT DETAILS AND THE TREATMENT PROTOCOLS.



ASSISTANCE ?

For help or guidance on accessing your benefits, contact our Support Team anytime. Call the MedSure Support Centre: **031 303 3928 or 086 000 2402**

HOW TO ACCESS YOUR BENEFITS

STEP 1

Locate a SpecSaver

Locate a SpecSaver near you via the search function in your MobiApp or your personal portal.

STEP 2

Book an Appointment

Book your eye test .

STEP 3

Visit the Optometrist

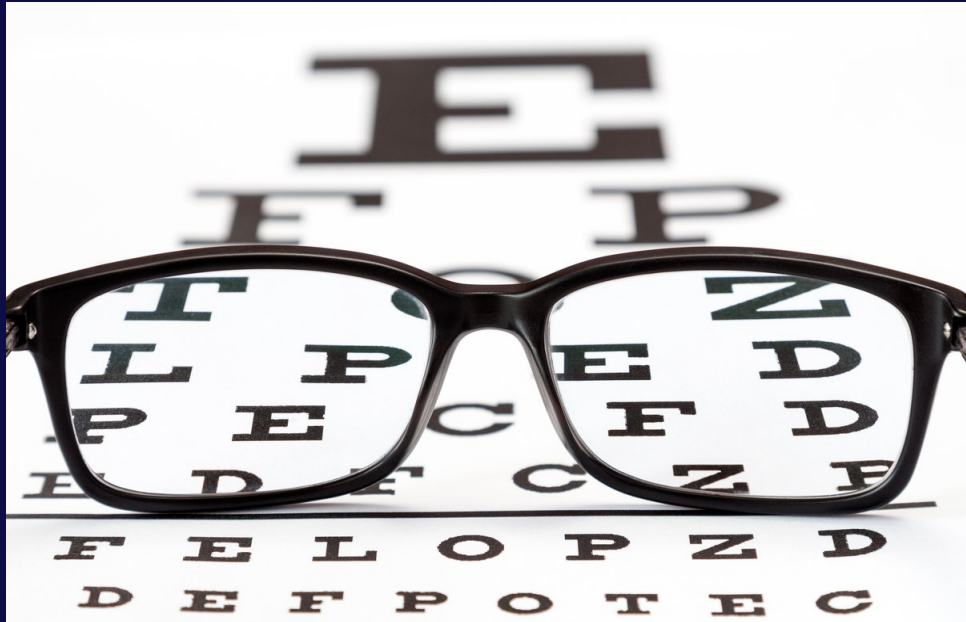
Present your membership card on arrival to access your benefits .

STEP 4

Verification

The Optometrist will verify and confirm the benefits available to you.

LIMIT OF R1450 PER MEMBER EVERY 24 MONTHS



OPTOMETRY

The optometry benefits cover regular eye tests and essential treatments for maintaining your vision health.

Optical Benefits may only be accessed at any Specsaver outlet. These are limited to 1 (one) consultation, 1 (one) set of frames with single vision lenses per Member every 24 (twenty-four) months to the value of **R1450.00**. GENRIC may, at its discretion, authorise alternate Optical Benefits for Members who, in GENRIC's opinion, do not have easy access to a Specsaver facility.

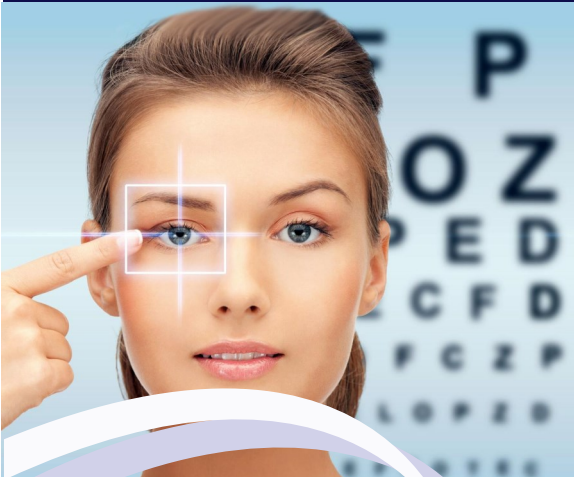
Please be sure to check your benefits value limit or a co-payment may be required.

270 Optometry Outlets (Available at all Outlets in SA)

An exciting and innovative approach to professional eye care. Specsavers is the leading Optometry Group in South Africa and now proudly partners with over 270 franchise outlets throughout South Africa, Namibia, Lesotho and Botswana.

The brand is committed to ensuring a combination of professional standards and quality eyewear, available at affordable prices.

You may also call our support team and we will make the appointment for you.



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QUALITY HEALTH CARE FOR ALL



HOW TO ACCESS YOUR BENEFITS

STEPS FOR COLLECTING MEDICINE

STEP 1

Get a script from your network GP.
Over-the-counter (OTC) medicine can be purchased without a prescription, up to the benefit limit of your selected policy option.

STEP 2

Please ask your GP to confirm that the prescribed medication is included on the GENRIC Formulary List. (Click the link provided below)

STEP 3

Present your membership card on arrival to the pharmacist.



STEPS FOR CHRONIC MEDICATION

STEP 1

Obtain a prescription from your network GP.
You or your doctor can send the prescription to ChroniLine at preauth@mediscor.co.za.

STEP 2

Once approved, you will receive a confirmation email.

STEP 3

Present the approval letter to the pharmacist to obtain your medication.

STEPS FOR CLINIC SERVICES

STEP 1

Present your card to the Nurse at any contracted Pharmacy Clinic.

STEP 2

Please check benefits available on your policy document :Added Benefits—Clinic Nurse Based Care or by clicking on the link provided

PHARMACY

Medication may only be obtained at all pharmacies and is subject to GENRIC's formulary, as determined from time to time for prescribed, acute and over the counter medication.

Please use the search function in your MobiSite (under Formularies) or click the link below to check if your required or preferred medication is included in the formulary. Then, follow the provided instructions.

- [LINK](#)

CLINIC SERVICES

Nurse Based Primary Care

Managed *unlimited visits available at Pharmacies who have contracted clinics. Services are covered per the list of benefits defined in your policy document. GENRIC reserve the right to require pre-authorisation for any consultations after the 5th (fifth) consultation by a Member.

- [LINK](#)

CHRONICS

Chronic Medication

There are no limits on Chronic Medication, however, medication may only be obtained at dispensing network general practitioner or a network pharmacy and is subject to GENRIC's formulary, as determined from time to time. The formulary is restricted to medication for diseases on the Chronic Disease List. Pre-authorisation must be obtained through ChroniLine by the prescribing medical expert or the pharmacist for a Member to qualify for this benefit.

- [LINK](#)

Please carefully check your plan option to confirm your benefit details.



CLIENT ASSISTANCE NUMBER**(CAP BENEFITS)****086 103 3647****HOW TO ACCESS YOUR BENEFITS****STEP 1**

Call 0860 222 286 to access your CAP benefits

STEP 2

You will be asked to select one of the below options:

Select 1 for a Nurse

Select 2 for Trauma Counselling

Select 3 for Credit and Debt Assist

Select 4 for Legal Assist

Select 5 to hear all options again

STEP 3

Once you select a number the individual you are speaking to will ask for your Name,

Once you have been verified as a National HealthCare Group member the consultant will ask a couple of questions to ascertain your needs

WE CARE

**CLIENT ASSISTANCE PROGRAMMES**

Link The Client Assistance Programme from National HealthCare Group provides members with access to professional services designed to address everyday work and personal concerns. This totally reliable, confidential programme has been created specifically to promote the health, safety and well-being of clients.

Life is often tough, and it therefore helps to share problems and concerns in confidence with a fully qualified objective third party who can provide a listening ear as well as useful advice and guidance to those in need.

Anyone who has experienced a traumatic event can rest assured in the knowledge that they will never be alone. Our client assistance support team is a mere phone call away – no matter the time or day of the week. We are there to lend a helping hand and much needed support.

PROGRAMME BENEFITS**Personal Health Advisor**

Our healthcare service line provides members with unlimited access to qualified nurses 24-hours a day, every day of the week.

**Legal Assist**

Our telephonic advice line is manned by qualified in-house attorneys who are equipped to provide guidance on all legal matters.

**Trauma Counselling**

Trauma debriefing is offered by qualified nurses who are, where necessary able to refer callers on to the next level of counselling.

**Credit and Debt Assist**

We provide a full range of debt management and financial planning services to choose from. Our financial fitness journey is fully supported by financial education, guidance and expert advice.

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RE-IMBURSEMENT OF YOUR CASH PAYMENT

If you visited an out-of-network provider, radiologist, pathologist, or specialist and paid in cash, you must fully complete and sign a CLAIM FORM to be reimbursed, in accordance with your product selection benefits.

You should never have to pay claims at a network provider. Only out-of-network providers will require a pay and claim process.

In the event you do have to pay and then claim, your claim will only be processed once the completed claim information is received.

STEP 1

Fully completed and signed refund form.

STEP 2

All hospital and/or related accounts substantiating your claim.

STEP 3

Submit all medical statements reflecting payments made relating to the claim to claims@medsureglobal.com

In the event of a Value-Added Benefit claim supporting documentation and certification is required by GENRIC, which would include, but not be limited to, a death certificate.

We reserve the right to call for additional information of a clinical nature. In the event that GENRIC requests a PMA (Post Medical Assessment) from Your doctor as part of the claims assessing and authentication process, GENRIC will cover the cost of the PMA to a maximum cost of R350.00 (three hundred and fifty rand) per event, subject to submission of an invoice. GENRIC will not reimburse any charges above the stated amount.

If GENRIC deems Your claim or certain claim lines to be clinically inappropriate, or fall outside of the policy terms, either the whole claim or certain claim lines will be repudiated.



CLAIMS PROCESS

You need to report your claim to us as soon as possible but not later than 31 (thirty-one) days after any health event. This includes events for which you do not want to claim but which may result in a claim in the future. Should You be incapacitated and not be able to make contact, you may get someone to contact us on Your behalf. We may request proof of such delegation of authority.

For you to prove a claim, all required relevant documents must be submitted to us within 90 (ninety) days after:

- ◆ The date the claim was incurred.
- ◆ In the event of hospitalisation, the date of discharge.
- ◆ In the event of an Accident, the Member must have sought medical care within 12 (twelve) hours of the event and the event needs to be reported to GENRIC within 31 (thirty-one) days of occurrence.

We shall not be liable for claims where notification or documentation is received outside of this period.

Claims can only be assessed for payment once your completed claim information is received. This information consists of the following:

- ◆ Fully completed and signed Claim Form.
- ◆ All documents related to a relevant healthcare service rendered and incurred substantiating your claim.
- ◆ Claims that are subject to protocols, designated service providers (DSPs/ networks), formularies, pre-authorisation, or other managed care initiatives outlined in this policy
- ◆ If You are a member of a medical scheme as well as Our policy, you will be required to submit all medical scheme statements reflecting payments made relating to the claim.
- ◆ Completed medical reports substantiating the clinical information or any other documentation, as requested by GENRIC.





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