

flexiFED^{Savvy}

HOW TO GUIDE

2024



get started 

 **FEDHEALTH**
Create your aid.

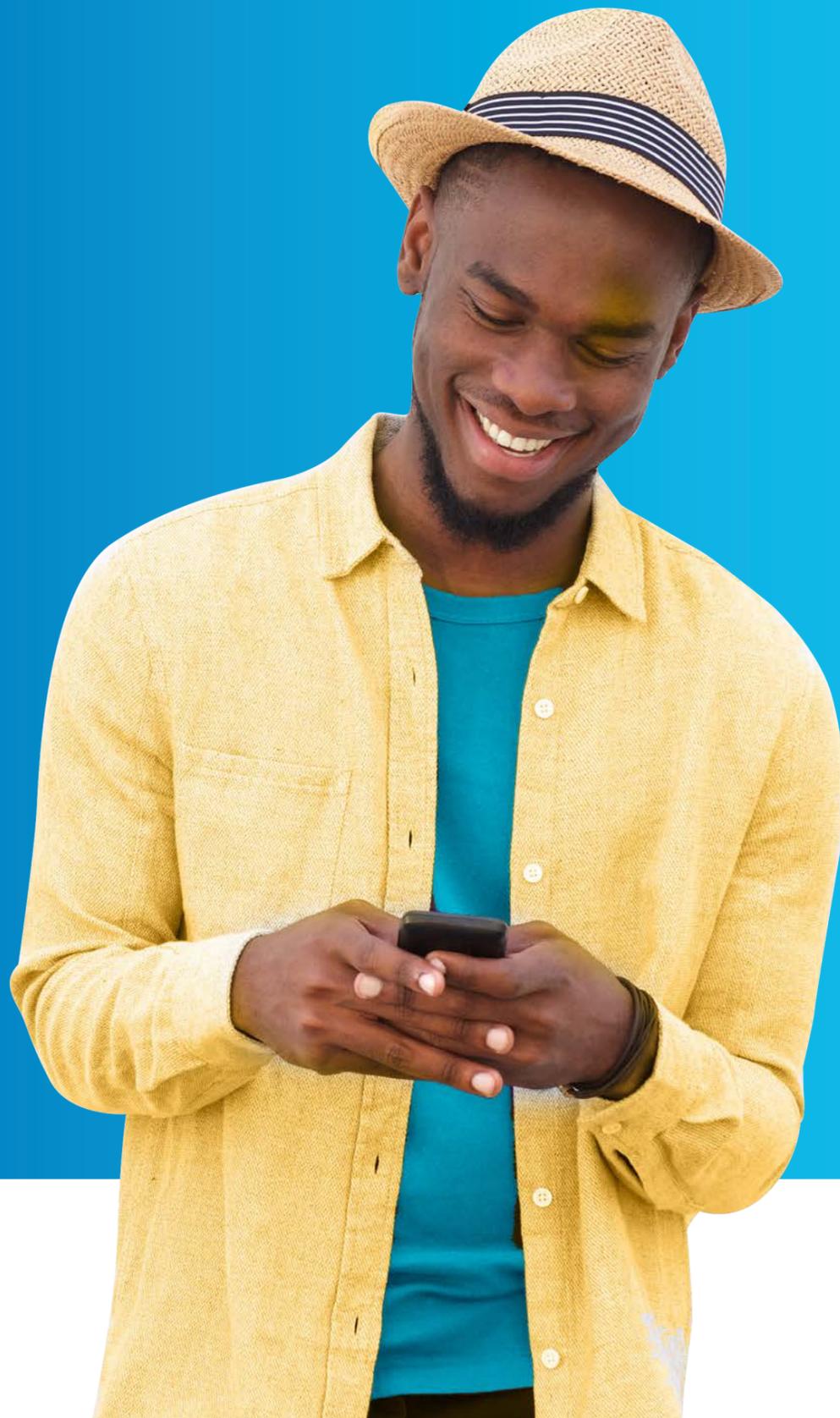
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1. Getting started



Upon joining Fedhealth, you will receive:



A welcome email

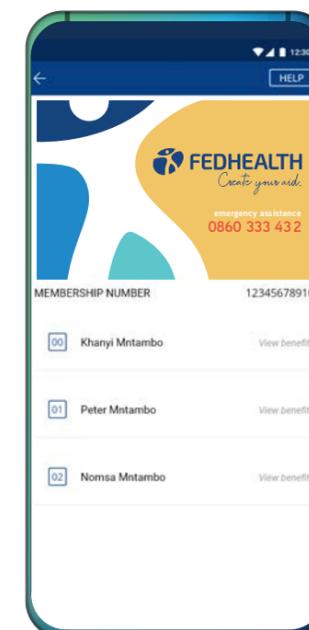
Register on the Fedhealth Family Room to view your underwriting and/or any penalties applicable.

Download the member app to view your underwriting or penalties on your membership certificate. Alternatively the Family Room can be used to view the same document.



Download your e-card from the Fedhealth Fedhealth Member App, Family Room or WhatsApp service on +27 60 070 2479

To easily manage your Fedhealth membership wherever you are, we recommend that you register on the **Fedhealth Family Room** online member platform and/ or download the **Fedhealth Member App** from the Google Play or iStore. See the next page for more info.



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2. Getting in touch

The option you've chosen is driven by digital technology.

You have access to multiple digital channels to manage your membership.

Fedhealth Family Room

Register on the Fedhealth Family Room, our online member portal, to help you:

- Manage every aspect of your membership like submitting claims and obtaining pre-authorisations
- Access **LiveChat** when you cannot find the answer on our digital platforms.

Access the Fedhealth Family Room via fedhealth.co.za and register by following all the prompts to enjoy all the great features.

WhatsApp service

To access the WhatsApp service, just add **060 070 2479** to your contacts and type 'hi' to get the conversation started. You can access various pieces of information 24 hours, seven days a week, which includes:

- **Accessing your e-card**
- **Downloading documents such as your membership and tax certificates**
- **Viewing and submitting claims**

Fedhealth Member App

The Fedhealth Member App, integrated with the Afrocentric Mobile Platform (AMP), allows members to manage their membership and health all on one device. On the app, you can:

- **Submit and track claims**
- **Download important Scheme documents**
- **Request authorisations for hospital admissions and chronic medicine**
- **Book and attend virtual consultations**
- **Track your health's improvement through your Healthscore, and create a unique avatar**
- **Access the Panda app for mental health support.**



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3. Paying your monthly contribution with us

Your monthly contribution must be paid to us by the third (3rd) day of each month. If we do not receive payment by the third day of the month, we will suspend your cover until we receive the contribution payment.

Our bank details

Account name: Fedhealth Medical Scheme

Bank: Nedbank

Branch code: 19-84-05

Account number: 1984 563 009

Payment of contributions

You can pay your monthly contributions by using one of the following methods:

- **Debit order:** the debit order will be deducted based on the date you selected upon joining the Scheme
- **EFT:** must be paid by the third day of the month
- **Paid by your employer** (depending on the employee benefits you enjoy)

Arrears billing

Depending on what you selected when you joined Fedhealth, we can bill contributions in arrears. This means that the contribution for the current month is paid over at the end of the current month.

Advanced billing

Depending on what you selected when you joined Fedhealth, we can bill contributions in advance. This means that the contribution for the current month is paid in the beginning of the month.

Please use your membership number as reference when making a payment.



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4. Activating your Fedhealth Savings powered by the MediVault

How to activate your Fedhealth Savings

There are various options available to you:

1. USSD

Use our free USSD line to activate your Fedhealth Savings. This is an easy-to-use tool for any mobile phone device (not just smartphones). Below are the steps:

- Dial ***134*999*membershipnumber#**
- Follow the prompts on the screen
- Have your bank details close by: depending on your membership profile, we might request the information from you.
- Please note: the USSD line might time out because of network connectivity. The system will remember your transactions up to that point, which will allow you to continue where you've left off.
- Once you've activated the MediVault, you can proceed to transfer funds into your Fedhealth Savings.

If you've already activated your MediVault, follow these steps to transfer funds into your Wallet:

- Dial ***134*999*membershipnumber#**
- Follow the prompts on the screen
- You can transfer amounts:
 - In increments of R600, or
 - The entire MediVault amount at once, or
 - Transfer what's remaining in your MediVault.

You can action multiple transfers, all depending on your day-to-day medical needs.

To make it easier, save the USSD code with your member number as a contact on your phone.

These transactions will be active immediately without additional transactions needed, so you can get your medication at the pharmacy without hassle.

2. Fedhealth Family Room

Login to the Fedhealth Family Room, go to the MediVault page and follow the prompts on the screen. The Fedhealth Family Room will also provide you with a transaction history as well as an instalment calculator to assist you with the decision on the amount you need to transfer. These transactions will be active immediately without additional transactions needed.

3. Fedhealth Member App

You can also activate your MediVault and transfer funds to your Wallet using the Fedhealth Member App. In addition, you can see how much you have left for the benefit year, and what your next instalment will be. Simply open the app, and click on the MediVault button.

How is the MediVault instalment paid back?

Your Fedhealth Savings instalment will be included in your monthly contribution, so you will only have one monthly debit order for your medical to a dietician and behavioural psychologist. This programme is available every two years.



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5. Finding network providers in your area

You need to use Fedhealth Network Providers.

We use the following networks:

- Option specific Hospital Networks
- Fedhealth Specialist Network

It's helpful to familiarise yourself with the various providers in your area. To do this, access the ['Fedhealth Locator'](#) on the Fedhealth website, Fedhealth Family Room or the Fedhealth Member App, which will provide you with a list of Fedhealth Network Providers.



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6. How to claim

The majority of your claims will most likely be submitted by your healthcare providers. But when you do need to claim, you can do so in the following ways:

- Login to the Family Room and submit your claim
- Use LiveChat accessible from the Fedhealth Family Room
- Use the Fedhealth Member App
- Use the WhatsApp service

The following information needs to be included on all claims to ensure accurate processing:

1. Your Fedhealth membership number
2. The provider details (practice number)
3. The patient's name
4. The date of treatment
5. The relevant treatment codes(NAPPI or tariff codes)
6. The relevant diagnostic codes (ICD-10 code)
7. Proof of payment if the claim needs to be paid back to you

Monthly statements

The statements are available on the Fedhealth Family Room, the Fedhealth Member App and the WhatsApp service.

- Member beneficiary status
- Benefit summary
- Member's portion and provider claims processed
- Claims refunded to member
- Savings account details
- MediVault account details
- Information section which includes important messages from Fedhealth

When submitting a claim, please ensure that your copy is clear and easy to read. We cannot complete the claim process if any of this is unclear or not available.



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7. How to get authorisation for a hospital event

If you or one of your dependants needs to be admitted to hospital, you have to get pre-authorization. We need the following information to process an authorisation:

- Are you being admitted as an in-patient or an out-patient?
- Date of admission
- Date of the procedure
- Date of discharge
- Name of the hospital and/ or its practice number (if you have it)
- Name and practice number of the treating provider
- Diagnostic codes (ICD-10 code)
- Procedure/ tariff codes
- You need to obtain an authorisation at least **48 hours before** your procedure is required.
- **In an emergency, you must get an authorisation number within two working days after** going to hospital, or you'll have to pay a penalty of R1 000.

If you cannot contact the Authorisation Centre yourself, your doctor, family member or the hospital can contact us on your behalf.

You can request authorisation by:

- Submitting the request on the Fedhealth Family Room
- Submitting the request on the Fedhealth Member App

Your healthcare professional will provide you with all of the required information.



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8. How to access post-hospitalisation treatment paid from Risk

Post-hospitalisation treatment in the 30 days after your hospital visit is paid from your Risk benefit, however, you will need an additional authorisation number. ***This benefit is not available on myFED.***

This treatment is subject to protocols, and the day of your discharge is counted as day 1 of the 30 days of the benefit. Only treatment as a result of a hospital event is covered under this benefit, and must be related to your original diagnosis.

Use the Fedhealth Family Room to provide us with the following information:

- The type of treatment you require, e.g. physiotherapy, occupational therapy, speech therapy, general radiology, pathology tests and dietetics
- The duration of the treatment you require
- The treating provider's practice number

9. Getting authorisation for MRI and CT scans

Fedhealth covers specialised radiology like MRI and CT scans in-hospital up to PMB level of care, and out-of-hospital subject to day-to-day benefits unless it's PMB. **Get in touch with us via LiveChat.**



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10. Getting authorisation for a visit to the casualty ward

Claims will be paid from Risk if:

- You visit the trauma unit of a clinic or hospital and are admitted into hospital immediately for further treatment
- You visit the trauma unit of a clinic or hospital for emergency treatment for a fracture, for example, and are not immediately admitted into hospital

A co-payment of R800 will apply to all non-PMB visits to the trauma unit of a clinic or hospital if you're not admitted to hospital directly.

- Authorisation for the casualty visit must be obtained within **two working days after** the visit, to have the claim paid from your Risk benefit and to avoid a larger co-payment.
- **In an emergency, you must get an authorisation number from us within two working days after** going to hospital, or you will have to pay a penalty of R1 000.

If you cannot contact the Authorisation Centre yourself, your doctor, a family member or the hospital can contact us on your behalf. The same information as listed on page 9 (hospital authorisation) would be required.



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11. How to apply for the chronic disease benefit

To claim for medication under this benefit, your condition:

- Must appear in the list of chronic conditions, and
- Must meet a set of defined criteria to qualify for the benefit (referred to as clinical entry criteria). If you need information on the criteria, please contact us

STEP 1: Collect the information needed to apply

You'll need the following information to apply. If you need help gathering this information, please contact us.

- Membership number
- Dependant code
- ICD10 code of your chronic condition
- Drug name, strength and quantity
- Prescribing doctor's practice number
- Diagnostic test results, e.g. Total Cholesterol, LDL, HDL, glucose tests, thyroid (depending on your condition).

STEP 2: Apply in one of the following ways

1. **Fedhealth Family Room:** Go to www.fedhealth.co.za to access the Fedhealth Family Room. Simply click on Health > Request Chronic Pre-authorisation, and complete the form
2. **Fedhealth Member App:** Open the app, click on the medical aid icon, select 'Authorisation', select the dependant > authorisation type, and complete the form
3. **Ask your doctor or pharmacist to apply on your behalf.** They can do an online application or contact our Provider Call Centre on **0861 112 666**.

STEP 3: Get a response right away

We will reply to your application right away. If we need more information, we will let you, your doctor or your pharmacist know exactly what information to give to us. If we don't approve the application, we will give you the reasons why, and you will have the opportunity to ask us to review our decision.

STEP 4: Receive a communication with your approved medication

If we approve your application, we'll send you a communication detailing your approved chronic medication.

Treatment guidelines

The Scheme has set up treatment guidelines for the chronic conditions on the Chronic Disease List (CDL) so that you have access to appropriate treatment for your condition. You will receive details of the treatment guidelines with your letter from Chronic Medicine Management (CMM).

If there is a co-payment on your medicine

If the medicine your doctor has prescribed has a co-payment, because it costs more than the ceiling price given in the Medicine Price List, ask your pharmacist to help you to change it to a generic medicine we cover in full. If the medicine has a co-payment because it's not on the formulary, discuss a possible alternative with your prescribing doctor.

We will approve a chronic condition, not individual chronic medications

Thanks to our Disease Authorisation process, you can apply for approval of a chronic condition, as opposed to a single chronic medication. The Scheme will approve an entire list of medication for your specific condition (known as a basket of medicine). So, if your doctor should ever change your medication, you will most likely already be approved for it – provided it's in the basket.

You can view the approved medication for your condition in the Fedhealth Family Room. Simply click on Health > My authorisations > Select a dependant > Track authorisation type > Submit. When you need to change or add a new medicine for your condition, you can do this quickly and easily at your pharmacy with a new prescription, without having to contact Fedhealth at all.

To check which medicine is available in your condition's basket, please check on WhatsApp or LiveChat.

You can use any pharmacy to obtain for your chronic medication.



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12. How do I register for Diabetes Care?

All Fedhealth members with diabetes will have automatic access to the Diabetes Care programme and its benefits, once they have registered their chronic condition for disease specific benefits. When you register for Diabetes Care, we take all your other medical needs into account, including any other chronic conditions you may have. In addition, we continue to work with your doctor who looks after your chronic conditions in order to provide coordinated quality care. You can get your chronic medication from your pharmacy of choice.

You can register using the [Fedhealth Family Room](#), [WhatsApp](#) and [LiveChat](#).



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13. Registering on the Fedhealth Oncology Programme (cancer)

On diagnosis of cancer, it is important that you register on the Fedhealth Oncology Programme. Your treating doctor can call them on **0860 100 572** to register. The programme aims to help your doctor to ensure the best cancer treatment and support for you.

Changes that are needed in your oncology treatment plan need to be given to ODM as soon as possible. Submit your treatment plan on the **Fedhealth Family Room**.



14. How to register for AfA (HIV Management)

Fedhealth provides unlimited cover for HIV treatment and preventative medicine. To qualify for this benefit, you must be registered on the Scheme's HIV disease management programme, AfA. You have access to the HIV medicine benefit only when you are registered.

AfA is a comprehensive HIV disease management programme providing access to:

- Anti-retrovirals and related medicines
- Post-exposure preventative medicine
- Preventative medicine for mother-to-child transmission
- Post-exposure preventative medicine after rape.

The programme gives ongoing patient support and monitors the disease and response to therapy. To join AfA, call them in confidence on **0860 100 646**.

Your doctor may also call AfA on your behalf.



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15. Who to call in case of an emergency

Emergency Ambulance Services

As a Fedhealth member, you enjoy unlimited cover with Europ Assistance Ambulance Services. Simply call **0860 333 432** in case of an emergency.

Europ Assistance offers a range of emergency services:

- Emergency road or air response
- Medical advice in any emergency situation
- Delivery of medication and blood
- Patient monitoring
- Care for stranded minors or frail companions
- 24-hour Fedhealth Nurse Line

16. What to do if you've been in a car accident

If you were injured in a car accident, you may have to go through certain procedures with the Road Accident Fund before the Scheme will pay any claims. Please contact the MVA/ Third Party Recovery Department at Fedhealth for more information on **0800 117 222**.



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17. How to use the SOS Call Me service

Our SOS Call Me service, powered by Europ Assistance, allows you to get hold of Fedhealth without any cost to you in case of emergency; to book the MediTaxi service; or to contact the Fedhealth Nurse Line.

1. Save the number ***130*3272*31#** for EMS, Nurse Line and Medical Taxi as a contact on your phone (under Europ Assistance or a name you'll remember for emergencies);
2. In an emergency, choose this number and select the service (EMS, Nurse Line or MediTaxi). An SMS will be sent to the Europ Assistance Emergency Contact Centre who'll phone you back within the agreed emergency timelines for each service: EMS - 120 seconds; Nurse Line - 2 hours; and MediTaxi - 2 hours before pick-up.



18. How to use the Meditaxi service

MediTaxi is a medical taxi service available to qualifying Fedhealth members in Cape Town, Johannesburg, Pretoria and Durban.

Fedhealth members who've had hospital authorisations can access the 24/7 MediTaxi benefit to take them to follow-up doctor's appointments, if they've undergone an authorised operation or medical treatment that prevents them from driving.

MediTaxi provides transport from the member's home to the approved healthcare service provider such as physiotherapists, doctors, specialists or a radiology practice, and includes the return trip.

Booking the MediTaxi service

When you phone to book a trip, you need to provide your a) membership number, b) date of operation, and c) healthcare provider's details.

To access the MediTaxi benefit

Save the number ***130*3272*31#** for Emergency Medical Service (EMS), Nurse Line and MediTaxi as a contact on your phone (under Europ Assistance or a name you'll remember for emergencies).

When you need to book MediTaxi, you need to choose this number and select the service (EMS, Nurse Line or MediTaxi). An SMS will be sent to the Europ Assistance Emergency Contact Centre who'll phone you back within the agreed emergency timeline for the MediTaxi service: 2 hours before pick-up.



19. Making changes to your membership

As a principal member, you can add or remove dependants to/ from your Fedhealth membership.

Adding or removing dependants

Only the principal member can add or remove dependants. To register or remove a dependant, visit the Fedhealth Family Room, go to 'Manage Membership' and then add or remove dependants.

We have to receive changes to your membership by no later than the 15th of the month to become effective from the 1st of that month. If a company pays your medical aid contribution, you must tell the salary department that you are going to make changes, as this will affect the contribution.

Who can be registered as a dependant?

- Your spouse or partner
- Your children
- Other family members if, according to the Scheme Rules, they rely on you for financial care and support and have been approved by the Scheme

Criteria for child rates up to 27

Fedhealth will charge the child rate for your child dependants until they turn 27. However, the child needs to be either:

- A full-time student, who's living at home or in res at a tertiary institution; or
- Living at home, unmarried, and not receiving a regular income greater than the maximum social pension.

Adding a newborn baby

For babies to be covered on Fedhealth from birth, you must register them within 30 days of their birth for them to be registered from birth using the **Family room**, **broker portal** and **corporate portal**.

Third generation babies (your adult child dependant's baby) will not be covered from date of birth and will be subject to normal underwriting. Fedhealth does not charge for the baby for the month in which the baby is born.

Additional documents needed for registering dependants:

Type of dependant	Extra document we may need
A newborn baby	A copy of the baby's birth certificate or notification of birth from the hospital. The baby's ID number when they are registered
A biological or adopted child over the age of 21 years	Proof of registration from a full-time tertiary institution for the current year if a full-time student, or an affidavit for the dependant confirming residency, employment, income and marital status
An adopted child	Proof of legal adoption
A foster child	Legal proof that the child is a foster child
A brother or sister, grandchild, nephew or niece, third generation baby	An affidavit confirming residency, employment, income and marital status of child and both parents
A parent or grandparent of the principal member	An affidavit confirming residency, employment, income and marital status
A spouse or partner	Marriage certificate, if available



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19. Making changes to your membership (continued)

Dependant reviews

Dependant reviews are conducted on an annual basis to determine eligibility.

- a) **Annual student review:** takes place annually in February. Three letters are sent monthly to you, two letters are sent as a reminder. A confirmation letter stating receipt/acceptance of information is sent and then the dependant remains on student status (child rates) for another year. OR if no response is received, we raise the contributions to adult status.
- b) **Overage review:** applies to child status dependants over the age of 27. This will take place annually linked to the birthdate of a dependant. Three letters are sent monthly to you, two letters are sent as reminder. A confirmation letter stating receipt/acceptance of information is sent and then the dependant remains on special status for another year. OR if no response is received, we terminate the dependant.
- c) **Age review:** refers to all dependants over the age of 21 except students and spouses. This takes place annually linked to birthdate of dependant. Three letters are sent monthly to you, two letters are sent as reminder. A confirmation letter stating receipt/acceptance of information is sent and then the dependant remains on child status for another year. OR if no response is received, we raise the contributions to adult status.
- d) **Special dependant review:** refers to parents, siblings, grandparents, foster children, NOT including disabled dependants. This takes place on the anniversary of the start date of the dependant. Three letters are sent monthly to you, two letters are sent as reminder. A confirmation letter stating receipt/acceptance of information is sent and then the dependant remains on special status for another year. OR if no response is received, we terminate the dependant.

Year-end renewal change of option

During October, we advise you of plan changes for the next year, and you may select an option change.

The closing date is 30 November. You can use the [Family room, broker portal](#) and [corporate portal](#) to update your option. In general, option changes are only allowed with effect from 1 January every year.

You can upgrade to a higher option

You can upgrade to a higher option with more comprehensive benefits anytime of the year, but only on diagnosis of a dread disease or in the case of a life-changing event, for example pregnancy. The option upgrade will only be allowed within 30 days of diagnosis. You will be required to provide supporting medical evidence.

You can also upgrade in the Fedhealth Family Room member portal, or through the WhatsApp service or LiveChat on the website. Your broker can up-grade on your behalf by using the Fedhealth Broker Portal.



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20. Leaving the scheme

If you want to leave Fedhealth, you must give us one calendar month's notice in writing. Paypoints must give us three months' notice.

Last contribution

If you pay at the start of the month for the previous month's cover, your last contribution will be deducted in the month after your last day of membership. We will deduct your last contribution by the third day of the month after your last day of membership.

Amount in Savings Account – if you spent less than you paid in

We pay the balance in your Savings Account to your new medical scheme's savings account five months after you've left Fedhealth. This ensures that we can pay out any outstanding claims. You must provide us with the name of your new scheme as well as your membership number so we can transfer your Savings Account balance. If your new scheme does not have a savings component, we will pay the balance to you. Please make sure we have your latest banking details to make this refund.

Amount in Savings Account – if you spent more than you paid in

If you leave the Scheme and have spent more than the monthly contributions you have paid into the Savings Account, you'll have to refund us with the difference. You must make the refund within 10 days after the last day of membership.

Remaining a member after resigning from a company

If you wish to contribute as an individual member (Direct Paying Member), complete a Record Amendment Form along with new banking details for the payment of contributions. You can also inform us in writing, along with a copy of a bank statement, not older than three months and a copy of your ID. Also state that the banking details are for refunds.



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21. How to report medical aid fraud, waste and abuse via the whistle-blower ethics hotline

Healthcare fraud can contribute directly and indirectly to the rise of medical costs, including your membership contribution. You have the power to help us prevent fraud for the greater good of all our members.

Fedhealth members are encouraged to use any of the dedicated Whistle Blowers hotline reporting channels to report any suspected medical aid fraud.

Seven ways to make a report to the Whistle Blowers ethics hotline

- 1. Call directly on toll-free number 0800 112 811**
Use the dedicated Whistle Blowers hotline number to make a report via the live answering service.
- 2. SMS to 33490 or WhatsApp on +27 (0) 71 868 4792**
Send your report via the SMS line from anywhere in South Africa at a cost of R1.50 or WhatsApp your report to Whistle Blowers.
- 3. Report online on www.whistleblowing.co.za**
Visit the Whistle Blowers website to report and make your submission via the online reporting platform.
- 4. Email to information@whistleblowing.co.za**
Send an email of your report privately to Whistle Blowers.
- 5. Download and use the Whistle Blowers app**
Download the secure Whistle Blowers app from Google Play or the Apple App Store. The app guides you through the reporting process with ease.
- 6. Post a letter of your report**
Send a letter of your report to Whistle Blowers via post using the below details:
Freeport KZN665, Musgrave, South Africa, 4062.
- 7. Fax your report**
Send your report to Whistle Blowers via a fax line: Toll-free on 0800 212 689.

Remember, reports can be made anonymously or in confidence.



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22. Important Fedhealth digital channels and contact info

On this option, you are able to manage most aspects of your membership through our digital channels:



Fedhealth Member App - download it from the Google Play, Huawei and iStore.



Fedhealth Family Room online member portal - access it via fedhealth.co.za and follow the prompts to register.



WhatsApp service - Add +27 60 070 2479 to your contacts and type 'Hi' to get the conversation started.



LiveChat - Visit fedhealth.co.za to start talking to a LiveChat agent for assistance.



Hospital Authorisation Centre

Monday to Thursday 08h30 - 17h00
Friday 09h00 - 17h00
Fedhealth Family Room
Fedhealth Member App
WhatsApp service
LiveChat
Web: www.fedhealth.co.za

Alignd

Tel: 0860 100 572
Email: referrals@alignd.co.za

Ambulance Services

Europ Assistance
Tel: 0860 333 432

AfA (HIV Management)

Monday to Friday 08h00 - 17h00
Web: www.aidforaids.co.za

Chronic Medicine Management

Monday to Thursday 08h30 - 17h00
Friday 09h00 - 17h00
Fedhealth Family Room
Fedhealth Member App
WhatsApp service
Postal address: P O Box 38632, Pine-lands, 7430

Disease Management

Monday to Friday 08h00 - 16h30
Fedhealth Family Room
Fedhealth Member App
WhatsApp service

Fedhealth Oncology Programme

Monday to Friday 08h00 - 16h00
Fedhealth Family Room
Fedhealth Member App
WhatsApp service
LiveChat
Postal address: P O Box 38632, Pine-lands, 7430

Fedhealth Paed-IQ 24 hour service

Tel: 0860 444 128

Fraud Hotline

Tel: 0800 112 811
Web: www.whistleblowing.co.za

MVA Third Party Recovery Department

Monday to Friday 08h00 - 16h00
Tel: 0800 117 222

MediTaxi

Dial *130*3272*31#

Quoro Medical

Tel: 010 141 7710
Web: www.quoromedical.co.za

SOS Call Me

Dial *130*3272*31#

USSD

*134*999*memberno#



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Contact numbers of pharmacies

Clicks

Tel: 0860 254 257

To locate a store, go to: www.clicks.co.za and select Store Locator

Dis-Chem

Care-Line: 0860 347 243

To locate a store, go to: www.dischem.co.za and select Store Locator

Medirite Pharmacy

Tel: 0800 222 617

To locate a store, go to: www.medirite.co.za and select Store Locator

To find an independent pharmacy near you, please visit

www.icpa.co.za/find-a-pharmacy/

Pharmacy Direct

Monday to Friday 07h30 - 17h00

Tel: 0860 027 800

Fax: 0866 114 000/ 1/ 2/ 3/ 4

Email: care@pharmacydirect.co.za

Web: www.pharmacydirect.co.za

SMS (call me): 083 690 8934

Clicks Direct Medicines

Tel: 0861 444 405

Email: directmedicines@dirmed.co.za

Dis-Chem Direct Courier

Tel: 011 589 2788

Email: direct.documents@dischem.co.za

Medirite Courier Pharmacy

Tel: 0800 010 701

Email: medirite.courier@shoprite.co.za

