

Rejected claims are frustrating. The reasons can be complex, but often the cause is a basic error or misunderstanding.





Understand your benefits.

Read your benefits brochure closely to avoid a costly shock. If you're still unsure, check with your medical aid.



Get healthcare provider quotes.

For elective procedures, request estimated costs beforehand. Then confirm any upfront excess & what will/won't be covered. Remember: anaesthetist, physio & other allied provider bills are usually separate.



Declare existing conditions.

Tell your scheme upfront about any **existing condition** when you **sign up**. If you don't, they may reject any related claims.



Think before calling an ambulance.

Emergencies are serious & unplanned medical events, e.g., severe injury, heart attack, stroke, etc. Planned medical events, e.g, giving birth or a doctor's visits, are not emergencies; if you call an ambulance for non-emergencies, the scheme will reject your claim.



Get pre-authorisation.

Always check with the scheme & provider if you need **pre-authorisation** for a **procedure/consultation**.



Check invoice details.

Your **correct** name,

address, birth date, & medical aid number must appear on your bill.
Also query rejected ICD codes. This often happens because codes don't match procedures.

