

RC 26 PROVIDER GUIDE

Renal Provider Guide

Assisting healthcare professionals in delivering high-quality and member-centric care.

DISCOVER THE
BRILLIANCE
OF **GEMS**



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01

Introduction to GEMS Renal Care

Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD) impact millions of people globally, necessitating comprehensive and coordinated healthcare. This GEMS Renal Practitioner Guide is crafted to assist healthcare professionals in delivering high-quality and member-centric care. It also outlines benefits available to GEMS members, equipping practitioners with the necessary tools to offer optimal care to those with renal disease. Therefore, enhancing member outcomes and quality of life is important.



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What's New in 2026?

Below is a summary of key changes effective from 1 January 2026. For full details, please refer to the relevant sections in this guide.

Tanzanite One Option



Hospital Cover Restructuring

- From 2026, in-hospital benefits will be limited to services that meet Prescribed Minimum Benefit (PMB) criteria, in line with PMB legislation.
- Hospital admissions or procedures that do not qualify as PMBs will not be funded.
- Access to hospital care is subject to the use of a Designated Service Provider (DSP).
- Updated Formularies

Hospital Admissions

- All hospital admissions must be to a GEMS Network Hospital.
- If a member/practitioner voluntarily chooses to use a non-network hospital, a R15 000 co-payment will apply.

New formularies will be introduced for:

- Acute medication
- Pathology
- Radiology

These updates aim to ensure appropriate care and alignment with clinical guidelines. Practitioners are encouraged to refer to these lists when they prescribe acute medication or request pathology tests and radiology scans for GEMS Members.



Hospital Admissions

- All hospital admissions must be to a GEMS Network Hospital.
- If a member/practitioner voluntarily chooses to use a non-network hospital, a R15 000 co-payment will apply.



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GEMS Practitioner App and Portal enhancements

GEMS will be enhancing the Practitioner App and Portal. The platforms will be more user-friendly and provide a personalised and improved user functionality and experience.

The highlights will include:



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Renal Dialysis Network Management

GEMS is dedicated to fostering long-term relationships with the healthcare professionals who provide essential care to our growing Scheme membership. Our healthcare practitioner networks aim to ensure that public service employees can access high-quality, cost-effective healthcare services, while also supporting healthcare practitioners in delivering appropriate care to GEMS members.

Benefits

Our network includes Family Practitioners (FPs) and a wide range of Specialists, such as Anaesthetists, Obstetricians, Gynaecologists, Physicians, Surgeons, Paediatricians, and Psychiatrists. Additionally, GEMS has established a Renal Dialysis Network for all benefit options, composed of capable renal dialysis practitioners. This network aims to limit members' exposure to co-payments, enhance the quality of care and maintain access to dialysis for GEMS beneficiaries.



Increased Scheme Membership Coverage:

Beneficiaries requiring chronic dialysis are required to use practitioners in our Renal Dialysis Network. An out-of-network co-payment of 30% of the Scheme Tariff will apply to each service received voluntarily from a non-network renal dialysis practitioner, regardless of authorisation. Exceptions to this co-payment include members who do not live or work within a 30km radius of a network facility, subject to authorisation, managed care review and approval or in the case of acute dialysis.



Enhanced Quality of Care:

Participating network renal dialysis service practitioners are assured of an increased member footprint from GEMS' nation-wide membership pool of over 2,4 million beneficiaries.



Access to Renal Dialysis Services:

Affected beneficiaries are directed to network renal dialysis service practitioners through the GEMS website; the GEMS Call Centre and the treating practitioner's referrals to renal dialysis services.

By maintaining these networks, GEMS ensures that public service employees receive the care they need while supporting healthcare professionals in delivering high-quality and cost-effective services.

How to Join the Network

To join the GEMS Renal Dialysis Network, you can:

- Email networkscontracting@gems.gov.za or
- Call us on 0860 436 777, weekdays from 08:00 to 17:00
- Send a fax to 0861 004 367.
- Visit the GEMS website at www.gems.gov.za

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Authorisation Processes

Authorisation is critical in managing the care provided to GEMS members, ensuring clinically necessary and appropriate services while maintaining sustainability. Pre-authorisation is required for several services to ensure payments are made from the correct benefit limits.

These services include:

- Dialysis (acute, chronic and other modalities)
- Erythropoietin (EPO)
- Renal organ transplant
- Disease Management Programme (DMP)

While GEMS provides an annual authorisation for chronic dialysis, a separate authorisation is required if the member is hospitalised or on holiday, as this care is not covered under the annual authorisation.

Please note, the following table is an example of the coding that can be used:

CKD, Stage 5	N18.5
End stage renal disease	N18.6
Dependence on renal dialysis	Z99.2

The importance of Dummy Practice Numbers

To enhance our network management and practitioner tracking capabilities, we request your assistance in applying for dummy practice numbers for each of your locations.

This will help us:



- Identify and map your practice locations.
- Accurately count and manage practices within our network.
- Improve overall network optimisation and resource allocation.

How to Apply for a Dummy Practice Number:



- Email PLSHospital@medscheme.co.za and request the Dummy Practice Number Application Form.
- Fill in the Dummy Practice Number Application Form and provide all the required information, including practice name, address and contact details.
- Submit the completed form via email to PLSHospital@medscheme.co.za.

Understanding the Utilisation Management System (UMS)

The UMS system captures pre-authorisation requests and converts them into authorisation numbers, resulting in outcomes of pending, declined or approved status. A correspondence detailing the captured information will be sent to the healthcare practitioner's preferred email address.

Advantages of using the UMS System:

- Easy loading of requests by providing membership number, dependent details, ICD-10/procedure codes, date of admission, practice numbers, etc.
- Uploading documents, reducing processing time, and supporting efficient routing of documents.
- Improve pre-authorisation call centre efficiency.
- Track and monitor requests, make updates and upload additional clinical information.
- Avoid long hold times.
- Auto-approval for a basket of codes issuing pre-authorisation numbers upfront.

To request UMS training, click on the Practitioner UMS Training Request link and enter your practitioner details. We will contact you to arrange the training.

Escalation Process

All renal care treatments and services are subject to pre-authorisation at least 48 hours before the treatment date and within one working day after emergency admissions.

The escalation process is as follows:

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First Tier:

Submit the request directly on UMS with the accompanying blood results and script or email renalauths@gems.gov.za for all authorisation requests and codes pending for underwriting.

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Second Tier:

If no response is received after 8 business/working hours, submit your query with the member's details to gemsrenal@medscheme.co.za

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Third Tier:

If no response is received after another 8 business/working hours, escalate the request to the manager at sccgemsmanagementescalations@medscheme.co.za.

By adhering to these processes, we can ensure timely and efficient authorisation, ultimately improving the quality of care provided to GEMS members.



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Funding Criteria

Type of Treatment

Authorisation Protocol

Acute dialysis

Newly Diagnosed Members:

For members newly diagnosed with acute renal failure, dialysis treatment can be used for up to 6 weeks.

Transition to Chronic Dialysis:

Upon completion of the 6-week period, the member should continue chronic dialysis. The treating doctor must complete and submit the appropriate information to ensure a smooth transition.

If the blood results and Estimated Glomerular Filtration Rate (eGFR) clearly indicate the member is already in the chronic phase without any dialysis, the member will be registered on the chronic programme.

The information required to make a funding decision:

- Practice number (or 'dummy' practice number) of the facility/place of service.
- Physical address and contact details of the unit where the dialysis will take place.
- Practice number of the treating doctor.
- ICD-10 and tariff code(s).
- The acute modality required.
- Actual treatment dates.
- Pre-dialysis blood results for: Urea and Creatinine with Estimated Glomerular Filtration Rate (eGFR) (not older than 1 week/7 days prior to the planned date of service).
- Letter of motivation for Continuous Renal Replacement Therapy (CRRT), Continuous Veno-Venous Haemodialysis (CVVHD) or Sustained Low-Efficiency Dialysis (SLED) in cases where the Level of Care (LOC) is high care.
- All pathology blood results in cases where Acute Haemodialysis (AHD) / Continuous, Renal Replacement Therapy (CRRT), Continuous Veno-Venous Haemodialysis (CVVHD), or Sustained Low-Efficiency Dialysis (SLED) are done for five (5) sessions at a time.

Type of Treatment**Authorisation Protocol**

- The blood results should include: Full Blood Count (FBC), Urea and Electrolytes (U&E), Pro-B-Type Natriuretic Peptide (PRO-BNP), C-Reactive Protein (CRP) and Procalcitonin (PCT), Arterial Blood Gas (ABG), Intensive Care Unit (ICU) or High Care (HC).
- A valid Medicines Control Council (MCC) approval letter is required for the following fluids (section 21) used for Continuous Renal Replacement Therapy (CRRT) or Continuous Venovenous Haemodialysis (CVVHD) such as Multibic and Primosol. The authorisation will be valid for 6 months only.
- Dialysis prescription from the treating doctor.
- New script for change of modality (the script should contain the commencement date of the new modality).

Following these steps will help maintain continuity of care and support optimal member outcomes.

Erythropoietins (EPO)

Erythropoietins may be funded for members in chronic renal failure with the Haemoglobin (HB) < 10g/dl if there are adequate iron stores indicated by a transferrin saturation level of >20% and/or a ferritin level of > 100µg/l.

The information required to make a funding decision:

- First request:
 - Current Haemoglobin (HB).
 - Iron study not older than 3 months.
 - Script date must be after the pathology test date.
- Follow-up request:
 - Pathology test.
 - Script date must be after the pathology test date.

Chronic haemodialysis**Criteria:**

- Chronic dialysis is indicated for chronic renal failure when the Estimated Glomerular Filtration Rate (eGFR) is below 15.

Setting:

- This form of dialysis is administered on an outpatient basis at a dialysis centre.

Frequency:

- Members are scheduled for three visits per week, with an end date of 31/12/20...

Additional Visits:

- Any additional visits require written motivation, accompanied by hard copies of the Full Blood Count (FBC) and/or Urea & Electrolytes (U&E) results for the relevant period.

Information required to make a funding decision:

- BHF Practice number and 'dummy' practice number of the facility/place of service.
- Physical address and contact details of the unit where dialysis will take place.
- Practice number of the treating doctor.
- ICD-10 and tariff code(s).
- Specify the chronic modality required (Chronic Haemodialysis (CHD) / Continuous Ambulatory Peritoneal Dialysis (CAPD) / Automated Peritoneal Dialysis (APD).
- Actual treatment dates.
- Pre-dialysis blood results for: Urea and Creatinine with Estimated Glomerular Filtration Rate (eGFR) (not older than 1 week/7 days from the planned date of service).
- Renal template - to be completed by the treating doctor (the form should be completed comprehensively including the member's psycho- social history and all co-morbidities).
- For HIV positive members: CD4 count and viral load (blood results) required.
- The most recent full blood count and letter of motivation for all additional hemodialysis sessions.
- Positron Emission Tomography (PET) test and K – Dialyzer Clearance of Urea (KT/V) for extraneal dialysis.
- Dialysis prescription from the treating doctor.

These guidelines ensure that the treatment is administered appropriately and that the members' needs are met effectively.

Automated Peritoneal Dialysis (APD)

Automated Peritoneal Dialysis (APD) is available for funding and is considered PMB level of care for working adults, students and scholars. It is funded under all Scheme options, subject to managed care rules and processes. Note that the purchase of a portable dialysis machine is not supported.

However, the hiring of a portable dialysis machine may be approved and funded as Prescribed Minimum Benefits (PMBs) for a scholar, student or working individual, subject to managed care rules and processes.

Information Required for Funding Decision:

- In addition to the standard information needed for chronic dialysis, proof of employment is required for dependents other than the Main Member (Dep 00).

By adhering to these guidelines, we can ensure appropriate and effective funding for those in need of Automated Peritoneal Dialysis (APD) treatment.

Continuous Renal Replacement Therapy (CRRT) and Continuous Venovenous Haemodialysis (CVVHD) and High Care Unit (HCU) and Urea and Electrolytes (U&E) and Intensive Care Unit (ICU)

Continuous Renal Replacement Therapy (CRRT) is a costly form of dialysis typically prescribed for selected members with multiple organ failure.

Member Criteria:

- Members in high-care ward undergoing Continuous Renal Replacement Therapy (CRRT) require a Clinical update to determine funding for dialysis. This clinical update will be provided in the form of a Letter of Motivation (LOM)

Treatment Duration:

- Continuous haemodialysis over an extended period, up to 7 days.

ICU Level of Care:

- Indicated for members who are haemodynamically unstable or those in multi-organ failure, including members with acute brain injury or other causes of increased intracranial pressure or generalised brain oedema.
- Supporting documentation should be submitted for review with accurate diagnosis coding.

Information Required for Funding Decision:

- Weekly blood tests Urea and Electrolytes (U&E)
- Haemodynamic parameters

Adhering to these guidelines ensures proper funding and optimal member care for those requiring Continuous Renal Replacement Therapy (CRRT).

Type of Treatment**Authorisation Protocol**

Re-dialysis

Definition:

- Re-dialysis refers to a second dialysis session within 24 hours or an additional extra session above three (3) chronic approved sessions.

Documentation:

Clinical information update/pathology, LOM

- Summarising the clinical justification for deviation from standard dialysis frequency of symptoms or clinical indicators that warranted the second session.
 - Any changes to the standard dialysis protocol.
 - Treatment flow sheet with pre and post dialysis weight, duration. Total fluid removed if the facility has standing orders or protocols for managing fluid overload (patient education on fluid management).
 - Vital signs and observations.
 - Medication chart showing diuretic prescriptions and doses.
- Medication chart showing diuretic prescriptions and doses.
- Review Process: The request will be sent to the medical advisor for review and funding decision.

Ensuring these steps are followed will facilitate a smooth review and decision making process.

Renal Organ transplant

Funding subject to pre-authorisation, Scheme rules, managed care protocols and processes.

Transplantation Contraindications:

- Malignancy that significantly limits future survival.
- Persistent, recurrent or unsuccessfully treated major infections.
- Systemic illnesses or comorbidities negatively impacting transplant surgery outcomes.
- Smoking or substance abuse.

Post-Transplant Requirements:

- Recipients require lifelong immunosuppressive therapy to prevent organ rejection.
- Transplant requests must be from a South African Transplantation Society-listed transplantation centre.

Renal Organ transplant (cont.)

Funding Guidelines:

- Generally supported for members with end-stage renal failure where no contraindications exist (e.g. active malignancy, irreversible progressive disease, diminished capacity due to mental illness, substance use disorder).
- Funding aligned with PMB level of care, making kidney transplants PMB eligible if the requirements are met.

Pre-Transplant Workup:

- Up to three donors may be approved for workup, but not simultaneously.
- All consultation, radiology, and pathology requests require unique authorisation and funding from the recipient's transplant benefit.
- Psycho-social report (recipient) forms part of the workup and must be available upon request.
- Approved transplant Pre-Authorisation Request (PAR) is valid for 12 months.
- Transplant requests require clinical motivation and quotations.

Donor Funding:

- International organ donor search or donation is not funded.
- Donor costs for workup, surgery and six (6) weeks post-transplant services are covered under the recipient's Scheme transplant benefits.

Post-Transplant Medication:

- Includes immunosuppressants to prevent rejection, medications to prevent infection and treatments for other common issues like side effects of anti-rejection therapy managed by the Renal and Transplants Team.

These guidelines ensure thorough preparation and appropriate funding for kidney transplants, aligning with the highest standards of care.

Type of Treatment

Authorisation Protocol

GEMS Disease Management Programmes (DMPs)

The GEMS Chronic Medicine Registration and/or the Chronic Renal Dialysis Authorisation provides members with access to the GEMS Chronic Kidney Disease Management Programme (DMP). This programme is supported by dedicated disease case managers and designed to assist both the member and the doctor in managing chronic illnesses.

Key Features

Members will be contacted by a qualified nurse who will:

- Provide healthcare education about conditions.
- Share easy-to-read information on the member's condition/s, if required.
- Offer healthcare advice and support to help the members better manage their health or chronic condition.
- Give guidance on adhering to the prescribed treatment for the member's condition.
- Serve as additional support in the relationship and care the member receives from their doctor.

Additionally, the Chronic Kidney Disease DMP covers not only medication but also consultations, procedures or investigations necessary to manage and monitor the condition. This comprehensive approach is referred to as a care plan or a treatment plan.

These efforts aim to enhance the quality of care and support provided to our members, ensuring better health outcomes and improved quality of life.

As a healthcare practitioner, please encourage our members to utilise their benefits in their DMPs as well as their care plan.

Mobile Dialysis 97444 versus Acute Dialysis

1. Tariff codes for haemodialysis are limited and cover two situations:
 - Acute Dialysis: Emergency haemodialysis in a hospital due to a life-threatening situation.
 - Chronic Dialysis: Routine; ongoing haemodialysis required due to a chronic condition.
2. Tariff code 97444 (mobile renal dialysis) is approved for members registered on the Chronic Kidney Disease Management Programme who are admitted to the hospital. This rate is higher than the chronic dialysis rate but lower than the acute dialysis rate.
3. Occasionally, a GEMS member in hospital for an unrelated procedure or condition or a related one like end-stage renal disease, still requires routine chronic haemodialysis. In these cases, they may not be able to be treated in a dialysis facility. Though these sessions replace routine out-of-hospital dialysis sessions, they are often billed at an acute rate due to higher costs incurred by providing dialysis at the hospital bedside. In April 2023, GEMS introduced the new mobile chronic haemodialysis category and tariff to compensate practitioners while managing non-acute haemodialysis costs to align with industry trends, where some corporate practitioners already charge a lower rate for this service.

Sustained Low-Efficiency Dialysis (SLED)

GEMS funds SLED for up to 12 hours maximum only.

The following tariffs can be claimed:

- 75150 (up to 5 hours)
- 75149 (1-hour intervals)

These guidelines help ensure the optimal allocation of resources while maintaining high-quality care for members.

Assisted Home Haemodialysis (AHHD) – Global Fee 97443

Assisted Home Haemodialysis (AHHD) offers a valuable option for members who face challenges adhering to their treatment regimen due to transportation or work-related issues.

AHHD is funded only if the member's home meets specific requirements. If AHHD is provided for fewer than 30 days in any one cycle (e.g., due to complications, the death of the member or termination of membership), the following applies:

- If the treatment period is 26 days or more in that cycle, the full fee applies.
- If the treatment period is up to 25 days in that cycle, the fee is prorated according to the number of actual treatment days.

Home Assessment Requirements

Before initiating AHHD, the practitioner must assess the member's home to ensure the following:

- Permanent structure (e.g., brick-built)
- Clean, preferably tiled room or area for treatment
- Comfortable chair/recliner or bed
- Hand basin
- Space for dialysis machine and supplies
- Storage for up to 6 weeks' supplies
- Reliable electricity supply with correct access points
- Backup generator for load shedding
- Access to quality water and sewerage system with suitable pressure
- Water purification system
- Telephone access



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Claims Submission Processes

All service practitioners are required to submit claims once the authorisation process has been completed and according to the approved authorisation. This ensures that the necessary approvals and guidelines are followed meticulously.

Required Information:

- ICD-10 Code/s (all codes are to be coded to the highest level of specificity).
- Approved Tariff/s: Specific to the approved modality.
- Service Date/s: Actual dates for services rendered.

Management of Renal Dialysis Claims

All renal dialysis claims are managed by GEMS, under the administration of Metropolitan Health. Claims are repriced against the revenue codes as per the contract and benefit structure.

Claim Requirements:

- Authorisation number
- Valid treatment date
- Valid membership number
- Valid ICD-10 code
- Valid tariff code
- Valid practice number
- Valid dummy practice number
- Correct name and date of birth of the member

Submission Instructions

You can submit your claim directly to GEMS via email at enquiries@gems.gov.za or send a fax to 0861 004 367.

Ensuring all these details are accurately provided will facilitate the efficient processing of your claims.

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Compliance

As part of our dedication to ensuring the highest quality of care for our members, all renal practitioners are required to submit quality metrics reports twice a year in February and September. Such reports allow GEMS to assess the effectiveness of the renal services and its Disease Management Programme (DMP).



Areas of Interest:

1. Member Outcomes:
 - Data on member survival rates
 - Transplant outcomes
 - Complications related to dialysis and transplantation
2. Quality Metrics:
 - Infection rates
 - Vascular access management
 - Anemia management
 - Hospital Admission Rate (SHR)
 - Mortality Rate (SMR)
 - Unplanned Readmission Rate (Unplanned SRR)
 - All-Cause Readmission Rate (SRR)
 - Adherence to clinical guidelines

We understand that compiling these reports may require time and effort; however, this information is essential for maintaining excellence in our services. While submission of these reports is mandatory, the scheme kindly reminds all practitioners that failure to submit quality reports constitutes a breach of the contractual agreement. We therefore urge practitioners to ensure full compliance with this requirement. Your co-operation in providing these reports is highly valued.

Please share all quality reports via email to RDNcontracts@medscheme.co.za

By working together, we can continue to improve member outcomes and enhance the quality of life for our members.

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Frequently Asked Questions (FAQs)

What do I do if I want to dispute a declined request?

There are two steps that a complainant must follow before requesting the GEMS Dispute Committee to take a decision on a complaint:

Step 1: Call the GEMS practitioner call centre (0860 436 777), inform the agent of the complaint and request that the complaint be solved.

Step 2: If the complaint is not solved to the complainant's satisfaction after the call to the call centre, a letter of complaint for the attention of the GEMS Principal Officer must be written to complaints@gems.gov.za. GEMS will acknowledge receipt in writing to the complainant within 24 hours of receiving the letter. GEMS will then try to resolve the matter within 30 days. Once the complaint has been processed, the complainant will be notified in writing of GEMS's findings.

How does the appeals process work?

Funding decisions for Renal care are based on clinical indications and treatment within Scheme rules and benefits. Scheme members or duly authorised representatives acting on behalf of the member or the treating healthcare professional (the appellant/s) may appeal a funding decision taken during the utilisation review process. This decision is perceived to be contrary to Scheme rules and benefits and/or to the appellant/s detriment. The appeal is to re-evaluate the initial funding decision.

Structures are in place to ensure that appeals are dealt with in the most efficient manner and that decisions are taken with due clinical and legal consideration within the relevant Scheme rules and benefits. The following levels are available to deal with appeals.

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Useful Resources

SERVICE	PURPOSE	TELEPHONE	EMAIL ADDRESS/LINKS FOR QUERIES
GEMS contact centre	General queries related to GEMS	0860 436 777	enquiries@gems.gov.za
GEMS website	View GEMS products and services	-	www.gems.gov.za
GEMS tariff file, formularies and forms	To view GEMS tariff file, formularies and forms	-	www.gems.gov.za, select Healthcare Providers > Select either Tariff file, Formulary Lists or ICD-10 Codes from the menu.
GEMS network contract management and Provider Liaison Consultants	Contracting queries, REPI2 categorisation queries or Provider Liaison Consultant assistance	-	REO, Tanzanite One and Beryl: networkscontracting@gems.gov.za
Chronic medicine management – new registrations and updates	Chronic registrations	0860 436 777	chronicdsp@gems.gov.za
Chronic medicine authorisation queries	Queries related to the authorisation of chronic medicines	0860 436 777	chronicauths@gems.gov.za
Fraud Hotline	Fraud-related matters	0800 212 202	gems@thehotline.co.za office@thehotline.co.za
Hospital pre-authorisation	All hospital pre-authorisations for non-emergency events	0860 436 777	hospitalauths@gems.gov.za
Submission of claims	Submissions of claims for GEMS beneficiaries	0860 436 777	enquiries@gems.gov.za
Queries of claims	Queries relating to a claim for a GEMS beneficiary	0860 436 777	enquiries@gems.gov.za
Oncology services	Oncology-related queries	0860 436 777	oncologyauths@gems.gov.za
Ambulatory PMB	Out-of-hospital PMB queries	0860 436 777	enquiries@gems.gov.za
HIV/Aids management	HIV/AIDS related queries	0860 436 736	hiv@gems.gov.za
Renal services	Renal and transplants	0860 436 777	renalauths@gems.gov.za

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Upcoming events in 2026

GEMS has the pleasure of requesting your participation in strategic and meaningful conversations with the Scheme. As a Healthcare Professional, you are an important stakeholder for the Scheme. GEMS would therefore like to develop and strengthen relationships with you through these conversations.

25 February 2026 - Roadshow webinar

16 May 2026 – Provider Summit Limpopo

20 March 2026 Annual GEMS Stakeholder Golf Day - KZN

25 July – Provider Summit Eastern Cape

28 March 2026 – Provider Summit Western Cape

19 September – Provider Summit Free State

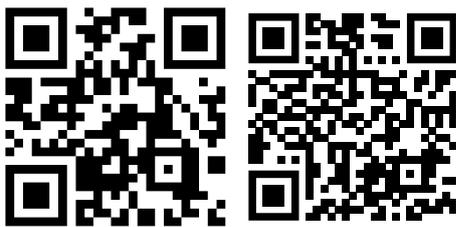


Contact Details:

-  **GEMS PROVIDER CALL CENTRE** - 0860 436 777
-  **WEB** - www.gems.gov.za
-  **FAX** - 0861 00 4367
-  **EMAIL** - enquiries@gems.gov.za
-  **POSTAL ADDRESS** - GEMS, Private Bag X782
Cape Town, 8000
-  **GEMS FRAUD HOTLINE** - 0800 212 202 (toll-free)
gems@thehotline.co.za
-  **GEMS EMERGENCY SERVICES** - 0800 44 4367 (toll-free)
ICT Service desk - (012) 366 4618



 FACEBOOK @GEMSMEDICALAID	 X @GEMSMEDICALAID	 INSTAGRAM @GEMSMEDICALAID
 TIKTOK @GEMSMEDICALAID	 YOUTUBE @GEMSMEDICALAID1	 LINKEDIN Government Employees Medical Scheme



Use the QR Code to download the GEMS Practitioner App



Disclaimer

Every effort has been made to ensure that all information provided to you is factual and accurate. However, in the event of a dispute, the Scheme Rules shall apply. You can view the Scheme Rules on our website at www.gems.gov.za. The information provided in this correspondence is for information purposes only and cannot replace medical advice from a professional healthcare provider. We are committed to protecting your personal data. Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual on our website.