Application for out-of-hospital Prescribed Minimum Benefit (PMB)

gems
Government Employees Medical Scheme

Claims queries

Important to note: This form is for retrospective out-of-hospital PMB claims for healthcare providers. Please allow up to 10 business days for a response.

How to use this form:

Please complete all relevant sections and email the completed form with the supporting documentation to **enquiries@gems.gov.za or fax to 0861 00 4367.**

Purpose of this form:

This form applies to retrospective out-of-hospital claims that are to be reviewed for payment as a Prescribed Minimum Benefit (PMB).

A medical emergency is defined in the Medical Scheme's Act (MSA) as the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.

Urgent or unplanned events are not automatically classified as an emergency.

Only complete this form if your query meets ALL the criteria below.
☐ Your out-of-hospital PMB claim has previously been submitted and was short paid/not paid.
☐ The PMB claim was incurred out of hospital.
☐ The claim does not relate to oncology treatment, appliances or chronic medication.

Section A: Patient details

Membership No.		Benefit Option	
Patient Name			
Patient Surname			
Dependant Code		Patient ID No.	

Section B: Provider details

Practice No.	
Patient Name	
Discipline	
Contact No.	
Email address	

Section C: Reason for enquiry

Service date		ICD-10 code	PMB code description	Tariff code	Tariff code description	Fees charged	Qty of tariff code	Benefit paid
From	To							

Final diagnosis:

Section D: Supporting information

Please provide clinical information relating to the patient's symptoms and clinical findings, including vital signs, pathology reports, radiology reports and the treatment provided.

Doctor's Signature _____ Date D D M M Y Y Y Y

Name and surname _____