

# Application to join the Medihelp GP network

Please complete this form if you wish to join the Medihelp general practitioner network which is applicable to the MedAdd Elect, MedVital Elect and MedMove! plans.

## Principal doctor's information

Practice name \_\_\_\_\_ Individual practice number \_\_\_\_\_

Doctor's ID number                      HPCSA number \_\_\_\_\_

Practice number under which claims will be submitted \_\_\_\_\_ Group practice number (if applicable) \_\_\_\_\_

## Information of partners/associates/permanent locums

Complete this only if you wish to join the network under the principal doctor's practice number.

Full name and surname	Practice number	ID number

## Practice information

Practice telephone number \_\_\_\_\_ Practice email address \_\_\_\_\_

Accounts telephone number \_\_\_\_\_ Accounts email address \_\_\_\_\_

Physical address \_\_\_\_\_

Code

Business hours    Monday - Friday     Saturday     Public holidays

Do you have a dispensary?     Yes     No

If Yes, will you dispense medicine to members of the Medihelp network?     Yes     No

If Yes, please provide your licence number \_\_\_\_\_  
(Please submit a certified copy of the dispensing licence with this application)

Do you make use of a bureau?     Yes     No

If Yes, please provide the name of the bureau \_\_\_\_\_

Do you have a computer in the consulting rooms?     Yes     No

Do you make use of locums from time to time?     Yes     No

Do you have a sonar machine at your practice?     Yes     No

If Yes, please state the make and last calibration date of the probe as per the manufacturer's requirements.  
\_\_\_\_\_

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Do you have a lung function computer at your practice?  Yes  No

If Yes, please indicate the make, serial number and last calibration date as per the manufacturer's requirements.

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Do you have an ECG machine at your practice?  Yes  No

If Yes, please indicate the make, serial number and last calibration date as per the manufacturer's requirements.

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Do you use plaster of Paris or fibreglass for limb casts?  Plaster of Paris  Fibreglass  Both

### Satellite practice

Telephone number \_\_\_\_\_

Address of first satellite practice \_\_\_\_\_

\_\_\_\_\_ Code

Telephone number \_\_\_\_\_

Address of second satellite practice \_\_\_\_\_

\_\_\_\_\_ Code

Will you support Medihelp in its commitment to cost-effective treatment choices where appropriate?  Yes  No

**Please note**, your participation in the GP Network will be displayed on Medihelp's website.

Signature

Date

Please email the completed form to [gpnetwork@medihelp.co.za](mailto:gpnetwork@medihelp.co.za).

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## 1. Declaration

- 1.1 I, the aforementioned and undersigned participating provider, hereby contract with Medihelp to service the aforementioned plans of Medihelp under the terms mentioned in paragraph 1.2 below as well as the conditions and provisions set out in this agreement.
- 1.2 As Medihelp wishes to establish a network of general practitioners to provide primary health care services to the beneficiaries of the MedAdd Elect, MedVital Elect and MedMove! plans, the Scheme hereby contracts the aforementioned and undersigned practitioner to provide such services pursuant to the terms and conditions of this agreement.
- 1.3 Through payment of the increased consultation fee, the Scheme expects the general practitioner to –
  - a) to take more responsibility for patients with:
    - hypertension;
    - diabetes;
    - cholesterol; and
  - b) limit all specialist referrals to a minimum and only for clinically appropriate cases.

## 2. Terminology

- 2.1 “Beneficiaries” means the principal member or a dependent as defined in the Medical Schemes Act, 1998 who has subscribed to the aforementioned plans of Medihelp and has to receive primary healthcare services at a participating provider.
- 2.2 “Benefit exclusions” means the services as stipulated in Schedule C of the Medihelp Rules.
- 2.3 “Confidential information” means any and all information, methods and processes used in respect of the business of either party, including without limitation, patents, patent applications, trademarks, trade secrets, designs, copyrights, specifications and know-how, and/or financial information and methods, including information regarding patients records acquired either directly or indirectly by either party or any other party or person.
- 2.4 “Effective date” means the date of activation of the practice as a Medihelp contracted GP practice.
- 2.5 “MMAP” means the Maximum Medical Aid Price and is the maximum amount on which benefits for the non-PMB chronic and acute medicine are calculated, excluding medicine prescribed for the treatment of a Prescribed Minimum Benefit condition which is registered as such with Medihelp.
- 2.6 “Month” means a month as per the lunar calendar, commencing on the first day of such month and ending on the last day of such month.
- 2.7 “Participating provider” means any general practitioner, who desires to enter into an agreement with the Scheme for the provision of primary healthcare services to the beneficiaries.
- 2.8 “Personal information” means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person, including, but not limited to –
  - a) information relating to the race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person;
  - b) information relating to the education or the medical, financial, criminal or employment history of the person;
  - c) any identifying number, symbol, email address, physical address, telephone number, location information, online identifier or other particular assignment to the person;
  - d) the biometric information of the person;
  - e) the personal opinions, views or preferences of the person;
  - f) correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence;
  - g) the views or opinions of another individual about the person; and
  - h) the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

## 3. Duration and termination

- 3.1 This agreement shall become effective in relation to the parties on the date on which the practice is activated as a Medihelp contracted GP practice and shall remain in force indefinitely, subject to the provisions of this Clause 3.
- 3.2 The parties to this agreement agree that any of the parties may terminate this agreement at any time with 90 (ninety) days’ written and signed notice to the other parties, failing which this agreement will continue in force indefinitely, but with the following provisos:
  - 3.2.1 That the provider’s participation in the agreement may be summarily terminated if, in the discretion of Medihelp, a ruling by a disciplinary hearing of the HPCSA, makes it impossible for the provider to provide unfettered services to the beneficiaries of the aforementioned plans or if the misdemeanour of which the provider is found guilty of by the said hearing is of such a nature that the safety of beneficiaries may be put at risk or the integrity of Medihelp may be at risk.
  - 3.2.2 That changes to this agreement may become necessary from time to time, including but not limited to the annual determination of fees for the following year, and that the provider will be informed by Medihelp of such changes as well as the deadline by which the Scheme must receive notice of termination, should the provider wish to terminate the contract as a result of the proposed changes, failing which the provider will be deemed to have elected to accept the changes and continue with this agreement.
  - 3.2.3 That this agreement may be terminated with immediate effect by Medihelp if –

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- the provider is convicted of any crime; or
- the provider is found guilty by the HPCSA and/or paid an admission of guilt fine to the HPCSA in relation to irregularities with billing or accounts rendered to Medihelp or its beneficiaries; or
- an investigation was concluded by Medihelp and prima facie evidence of a white collar crime was obtained; or
- the provider is found to abuse coding (including but not limited to up-coding and unbundling and optimisation) contrary to the South African Medical Association Medical Doctor's Coding Manual (MDCM); or
- the provider does not adhere to the terms and conditions of the contract; or
- the provider does not perform according to the metrics mentioned in paragraph 1.3.

#### 4. Rights and responsibilities of the parties

4.1 The rights and responsibilities of the parties are set out in the various annexures to this agreement.

#### 5. Domicilium citandi et executandi and contact details

5.1 The parties choose as their address for all purposes under this agreement the following addresses:

5.1.1 The doctor:

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Physical address \_\_\_\_\_

\_\_\_\_\_ Code

5.1.2 The practice:

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Physical address \_\_\_\_\_

\_\_\_\_\_ Code

5.1.3 Medihelp Medical Scheme:

**Physical address:**

189 Clark Street  
Brooklyn  
Pretoria  
0181

**Postal address:**

PO Box 26004  
Arcadia  
Pretoria  
0007

Telephone number: 086 0100 678

Email address: [gpnetwork@medihelp.co.za](mailto:gpnetwork@medihelp.co.za)

5.2 Any notice given in terms of this agreement shall be in writing and shall –

5.2.1 if delivered by hand, be deemed to have been duly received by the addressee on the date of delivery; and

5.2.2 if transmitted by electronic mail, be deemed to have been received by the addressee one day after transmission, provided that any notice transmitted by electronic mail shall thereafter be delivered by hand to the addressee's chosen physical address within 2 (two) business days.

5.3 Either party may by notice to the other party change the physical address chosen as its domicilium citandi et executandi to another physical address where postal delivery occurs in South Africa or its electronic email address, provided that the change shall become effective on the 14th (fourteenth) business day after the deemed receipt of the notice by the other Party.

#### 6. Banking details of the practice

The participating provider bears the responsibility to ensure that the correct and latest banking details are registered with Medihelp at all times.

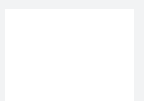
#### 7. Counterparts

This agreement may be signed by the parties in counterparts, whether by way of electronic email or otherwise, and each signed copy shall be deemed to be an original.

#### 8. Non-variation

No agreement to vary any of the provisions of this agreement or to cancel it shall be effective unless made in writing and signed by the parties.

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**9. Annexures**

9.1 The following annexures form part of this agreement:

- 9.1.1 **Annexure A** Fees payable to providers by Medihelp for beneficiaries on the aforementioned plans
- 9.1.2 **Annexure B** Responsibilities of the practitioner
- 9.1.3 **Annexure C** Responsibilities of Medihelp

Signed on behalf of Medihelp Medical Scheme

Signed at Pretoria on the 2nd day of January 2024

Duly authorised thereto



Johan Viljoen  
Acting Principal Officer

Signed by the participating doctor

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature	<input type="text"/>	Date	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="d"/>	<input type="text" value="d"/>
Name and surname	<input type="text"/>									

Please return this form with initialled annexures to [gnetwork@medihelp.co.za](mailto:gnetwork@medihelp.co.za).

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**Fees payable to participating providers by Medihelp**

1. The fees payable by Medihelp to contracted providers in terms of this agreement will be reviewed annually and will apply from 1 January of the year to 31 December of the same year.
2. Contracted providers shall have the right to accept or reject a new fee structure and in the case of rejection, terminate their participation in the contract.
3. Balance billing, although acceptable, does not form part of this agreement and is not permitted.
4. Split billing is unethical in terms of the HPCSA and is not permitted.
5. This agreement substitutes any previous agreement that the contracted provider may have entered into directly or indirectly with the beneficiary.
6. Procedures for which benefits are not available or have been exhausted, may be offered as a service by the provider, but payment must be made to the provider directly by the beneficiary.
7. The fees for out-of-hospital consultations and procedures are as follows:

GP consultation rates	2024
Non-contracted/scheme tariff	R473,90
Contracted tariff (0190-0193)	R502,56
Telephone consultation (all hours)	R338,15
Consulting service e.g. writing of repeat scripts	R140,93

**Notes on the calculation of fees**

1. Consultations in hospital will be paid at the scheme tariff. The difference will be payable by the beneficiary to the provider.
2. Acute medicine benefits shall be based on the Maximum Medical Aid Price (MMAP).
3. Benefits for medicine dispensed will be calculated according to the single exit price (SEP) plus the agreed Medihelp medicine dispensing fee.
4. The fee payable to the GP shall include the cost of the consultation and nebulisation, as and when required.

**Fee structure and in-room procedures**

1. Any other tariff code not specifically mentioned in this agreement will be reimbursed at the scheme tariff, subject to the plan rules of the beneficiary.
2. Once a beneficiary has exhausted his or her benefits, Medihelp will no longer be responsible for paying any claims and the financial provisions of this contract will be deemed to be in abeyance until the start of the next benefit year, commencing on 1 January.
3. In such cases the beneficiary is responsible for the payment of all further services and the provider and the beneficiary must make mutually acceptable arrangements as to the quantum of fees to be charged and how payment is to be made.
4. PMBs: Notwithstanding that this agreement is subject to regulation 8 of the Regulations of the Medical Schemes Act 131 of 1998 ("the Act"), payment for prescribed minimum benefits (PMB) services as defined in the Act and the Regulations of the Act will be made at the rates set out in this Annexure A.

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## Responsibilities of the practitioner

### A. General responsibilities

#### 1. Groups

- 1.1 In order to register a group on the network, all associates/partners/members/directors of the group must complete and sign a copy of the agreement.
- 1.2 It remains the responsibility of the group to ensure that all new associates/partners/members/directors of the group are registered on the network whenever there are structural changes in the group.
- 1.3 The group may appoint a nominated signatory who shall be permitted to sign and enter into this agreement on behalf of all the associates/partners/members/directors, where one of the members are not available to sign and enter into this agreement for whatever reason, e.g. absence due to business commitments outside the borders of South Africa, so as to prevent delays in registering the group on the Medihelp network.

The details of such nominated signatory(ies) are provided below:

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#### 2. Emergency units

- 2.1 Emergency units are not included in this network arrangement. If a provider changes the nature of its service, rendering it to that of an emergency unit, the agreement will terminate with immediate effect.

### B. Clinical responsibilities

#### 3. Medicines

- 3.1 Acute medicines
  - 3.1.1 Medihelp will reimburse claims for acute medicine from the benefit available limit to beneficiaries in terms of the rules of their plans.
  - 3.1.2 If medicine to treat a beneficiary is not covered by the beneficiary's plan, the provider may provide either a prescription for the medicine or the medicine itself, and the cost thereof will be for the beneficiary's account.
  - 3.1.3 Acute medicine does not form part of the consultation fee.
  - 3.1.4 Medihelp will reimburse claims for all acute medicine according to the MMAP.
- 3.2 Chronic medicines
  - 3.2.1 Medihelp kindly requests you to remain cognisant of any PMB chronic medicine formularies when prescribing such medicine to beneficiaries as this will assist them in avoiding patient co-payments as far as possible. If patients cannot tolerate formulary medicines and need to use non-formulary medicine instead, please send a detailed motivation to Medihelp for consideration of benefits, stating the formulary alternatives they have used, their response to these medicines, and the reason for the discontinuation.
  - 3.2.2 To access PMB chronic medicine benefits, a beneficiary's chronic condition must be authorised by Medihelp and the application to register the chronic condition must be completed by you, stating both the relevant ICD-10 code and the medicine items prescribed, with the quantity and strength thereof.
  - 3.2.3 Unless and until a beneficiary's PMB chronic medicine is registered, no benefits shall be considered.
  - 3.2.4 Please use the algorithms as published in the Regulations of the Act when prescribing PMB chronic medicine to beneficiaries. Medihelp will not consider benefits for PMB medicines not listed in the algorithms.

#### 4. Pre-authorisation

- 4.1 Apart from pre-authorisation for chronic medicines, beneficiaries must also obtain pre-authorisation for specialist referrals and hospital admissions.
  - 4.1.1 Specialist referrals will require electronic pre-authorisation on one of the following online platforms:
    - a) Member Zone
    - b) Secured website, the Healthcare Professionals Zone
    - c) HealthPrint
 All these platforms can be accessed via [www.medihelp.co.za](http://www.medihelp.co.za) and details of the pre-authorisation process is explained in the GP network guide.

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4.1.2 Hospital pre-authorisation

- a) Phone the Medihelp hospital pre-authorisation call centre Mondays to Thursdays from 07:30 to 16:00 and Fridays from 8:00 to 16:00 on 086 0200 678.
- b) Pre-authorisation outside these business hours and in the case of emergencies, as defined in the Regulations of the Act, may be requested retroactively on the first business day following the admission.
- c) A request for pre-authorisation may be made by the beneficiary, the provider or his or her staff.

4.1.3 In the absence of the undersigned participating practitioner, the provider will ensure that there is continued access to the contracted medical services either through partners or a locum tenens, who must deliver services according to the provisions of this agreement.

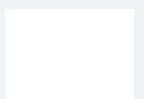
**5. Pathology preferred providers**

Medihelp negotiated competitive tariffs for pathology services with Ampath, Lancet, and PathCare Vermaak. All pathology services will be paid according to these preferred provider rates. Other pathology service providers may charge a higher fee resulting in a co-payment for Medihelp patients. We would appreciate it if you could refer your patients to Ampath, Lancet, and PathCare Vermaak to help them avoid co-payments.

**6. Results of pathology tests**

With the informed consent of the patient, results of pathology and other routine tests for patients participating in disease management programmes must be made available to Medihelp.

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**Responsibilities of Medihelp**

- 1. Medihelp will create a list of participating doctors, together with their contact details and the physical addresses of their practices.
  - 1.1 This list will be updated within 72 hours of activation of the newly registered participating doctor.
  - 1.2 An updated list will be published on the Medihelp website for use by the beneficiaries.
- 2. Medihelp will be responsible for all aspects related to network management, including but not limited to the following modalities: joint communication, agreement support, dispute resolution, and contract breach.
- 3. Medihelp will inform the participating provider of any changes in the Rules of Medihelp pertaining to the plans.
- 4. Medihelp will provide an electronic doctor's guide, which includes details of the pre-authorisation and referral processes.
- 5. Medihelp will pay the participating provider for all valid claims on the 10th, 20th and last day of a month by way of electronic funds transfer into the provider's account.

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Please click on send to email the completed questionnaire back to [gpnetwork@medihelp.co.za](mailto:gpnetwork@medihelp.co.za).

**SEND**