

HOSPITAL PRE-AUTHORISATION



All hospital stays including emergencies must be pre-authorised to ensure that your hospital stay is covered. It is best to do this at least two days before you go to hospital. Your in-hospital benefits will depend on the plan you're on. These are subject to Scheme Rules and available benefits. If you do not get pre-authorisation, you will be liable for the full hospital account.



HOW DO I GET HOSPITAL PRE-AUTHORISATION?

Have the following information ready:

- Membership number
- Beneficiary name and date of birth
- Date of admission and proposed date of the operation
- Name of the doctor, his/her telephone number and practice number
- Name of the hospital, the telephone number and practice number
- All the relevant procedure and associated medical diagnosis codes (your doctor can assist you with this)

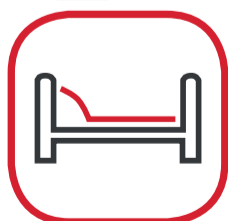
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Call us on **0860 002 108** or email the information in Step 1 to us at hospital@bonitas.co.za

Once your procedure has been authorised, you will receive a letter confirming pre-authorisation by email or post. This letter contains important information about your hospital stay. Please make sure that you read and understand the contents of the letter, as it explains how your procedure will be covered. If you are unsure of anything, please discuss the letter with your doctor.

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DETAILS FOR HOSPITAL PRE-AUTHORISATION

Call: 0860 002 108
Email: hospital@bonitas.co.za

HOW DO I FIND A HOSPITAL ON THE NETWORK?

Simply call us on **0860 002 108** and we will assist you, or log in to www.bonitas.co.za and use the Find a Network Provider tool. We negotiate extensively with hospitals to ensure the best possible value for our members. As a result, we've partnered with strategically selected private hospital groups to help further our aim of making quality healthcare more affordable and accessible.

WHAT ABOUT EMERGENCIES?

Emergencies must be pre-authorised within 48 hours of admission to hospital or on the first working day after a weekend or public holiday. No account will be paid unless pre-authorisation is obtained.

WHAT OTHER TREATMENTS OR PROCEDURES REQUIRE PRE-AUTHORISATION?

You will also need pre-authorisation for the following:

- Renal clinic admissions for dialysis
- Procedures in the doctors rooms instead of hospitalisation
- Physical rehabilitation care in rehabilitation facilities
- Drug and alcohol rehabilitation in specific facilities
- Hospice admissions
- Oxygen therapy at home
- All specialised radiology (such as MRIs and CT scans)

PRE-AUTHORISATION REQUESTS MAY BE DECLINED IF:

- The planned procedure is not covered by your benefit option as specified in the Scheme Rules
- The planned procedure is not in line with the acceptable treatment standards for a particular condition
- The appropriate clinical information has not been received
- Your Bonitas membership is inactive