



What is the difference between a dispensing and non-dispensing provider?

A dispensing provider will provide your medication during the consultation and you will not receive a script to go to the pharmacy. A non-dispensing provider will give you a script during the consultation and you will need to go to a Mediscor pharmacy to collect your medication. The script will be subjected to the Mediscor Formulary which your network provider will have.

What if my existing GP is not a network provider?

Call the Unity Health call centre on 0861 366 006 and ask for a provider request form. Fill out the form with your GP's details and e-mail the form to Unity Health at networks@unityhealth.co.za. Unity Health will contact the GP and advise you whether the GP decided to join or not. You will also receive the provider request form in your welcome pack.

Is there a network provider close to where I live or work?

You have access to the Unity Health website portal. You must register and log in to gain access, to be able to search for a provider close to you via the Unity Health unique GEO mapping tool. This function is also available on the Unity Health mobile application. You can download the app from your play store.

You can also contact Unity Health on 0861 366 006 or e-mail at networks@unityhealth.co.za. Unity Health will forward a list of providers closest to you.

Can a dispensing provider issue a script?

A dispensing provider may issue a script if he/she recommends a medication which is not kept in their rooms. These medications are usually a higher schedule medication and will not be covered by Unity Health.

My dispensing provider did not provide me with enough medication, what do I do?

As per legislation, a consultation is confidential and between a doctor and patient. The doctor will use his/her discretion on which and how much medication to give and/or prescribe to the patient. It is best to visit your doctor again if the same problem persists.

Do I need to call for authorisation every time I consult with the doctor?

Pre-authorisation would need to be obtained from visit 10 onwards and all authorisations are subject to clinical review. To ensure optimal patient management and care the Underwriting Manager may require pre-authorisation to access benefits in respect of any service provider at any time.



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