



Do I need a specific form for pathology/radiology tests referrals?

Yes, please make sure that only the Unity Health pathology/radiology form for tests/referrals are completed and given to you before going for these tests. All tests not listed on these forms are not covered by Unity Health and will be for the patient's account. The correct forms are available on the web portal.

What do I do if a benefit requires pre-authorisation?

You should contact the Unity Health call centre on 0861 366 006 and select the option for pre-authorisations. To access the benefit, you will require a pre-authorisation number from Unity Health.

Do I need an authorisation for maternity benefits?

Yes. Once the member has selected their network GP or gynaecologist the member or provider should contact Unity Health call centre and request to speak to the Unity Health Case Manager for pre-authorisation of their consultations and pregnancy ultrasounds.

What is a chronic condition?

This is a disease that lasts 3 months or more and generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. A chronic disease can be treated by medication that will be required to be taken for a lifetime.

For example: Asthma; Chronic Obstructive Pulmonary Disorder; Diabetes Type 1&2; Epilepsy; HIV/AIDS; Hyperlipidaemia; Hypertension; Tuberculosis

What is an exclusion?

Refers to the list of services, conditions or events as per below, which are always excluded from cover.

1. Nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission;
 2. Investigations, treatment or surgery for obesity or its sequel or cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of cosmetic surgery other than as a result of an Insured Incident;
 3. Suicide, attempted suicide or self-inflicted injuries unless such injuries are sustained to preserve another human life;
 4. Routine physical or any other procedure of a purely diagnostic nature or any other examination where there are no objective indications of impairment in normal health and laboratory diagnostic or x-ray examinations except in the course of a medical condition or disability established by prior call or attendance of a Medical Practitioner;
 5. All costs which are in the opinion of the Underwriting Manager's clinical review team:
 - a. Not medically necessary or clinically appropriate or do not meet the healthcare needs of the Insured Person;
 - b. Not consistent in type, frequency and duration of treatment;
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