



YOUR GUIDE TO MAKING A CLAIM - Africa

Please refer to your Insurance Certificate for full details of eligible benefits, benefit limits and excesses which apply to your specific policy. Please refer to your Membership Guide for definitions and terms and conditions.

24hr Emergency & Case Management

+263 (0) 782 444 555 (Zimbabwe) - managed by Health International
+27 (0) 60998 7348 (Region) - managed by Air Health International
+44 (0) 1344 233 911 (Worldwide) - managed by Healix

Emergency Ambulance Numbers:

+263 (0) 782 999 901 / 4 (ACE)
+263 (0) 787 135 951 / TOLL FREE 182 (MARS)
+263 (0)789 444 000/1 - 24 hour call centre (HAC)
+263 (0)789 444 002 – WhatsApp number (HAC)

All Members should contact Health International for claims pre-authorisation

Tel: +263 (0) 86 7700 8964 /+263 (0) 772 443 902 /
+263 (0) 772 443 909 (Office Hours)

+263 (0) 782 444 555 (On-Call 24hr Emergency Number)

Address to send Claim Forms to:

Email: claims@expacare.com
or
Website: via the on-line portal in the Members Area of our website
(www.expacare.com/members)

What to do in an Emergency

In an emergency you (or someone acting on your behalf) must contact Health International on the emergency telephone numbers above within 24 hours of hospital admission and before an emergency evacuation.

Pre-authorising/notifying us of your claim in advance of receiving treatment

We require pre-authorisation / notification for a number of benefits. See next section.

You will be asked to sign a Release of Medical Information Form which allows Health International to obtain medical information about you and your treatment. Your doctor/ specialist will be required to provide information relating to the treatment required and estimated costs of the treatment.

Important Note: If you have not pre-authorised, or notified us in the event of an emergency, we will only pay up to 80% of what we consider to be reasonable and customary towards your claim. Please note that you are not covered for ANY costs for emergency evacuations or repatriation of your body, that we did not pre-authorise and arrange.

Specific Procedures/Treatment requiring Pre-Authorisation

All in-patient treatment and certain procedures/treatment (see below) must be pre-authorised by you or someone acting on your behalf and you must be in receipt of confirmation from us in writing before treatment takes place. You should inform Health International at least 5 days before admission or any treatment.

- All maternity care including newborn care
- Cancer treatment
- Compassionate visit travel / accommodation
- Dental (only for claims in Zimbabwe)
- Emergency medical evacuation
- Extensive radiological and pathological services
- Hospice care
- Hospital treatment as an in-patient
- Over 7 sessions of complementary therapy
- Over 7 sessions of Physiotherapy
- Psychiatric treatment
- Rehabilitation treatment as an alternative to acute care
- Repatriation of mortal remains or local burial costs
- Transport costs for cancer and cardiovascular conditions.
- Wellness (only for claims in Zimbabwe)

Specific Procedures/Treatment Requiring Notification to us

Notification to us within 24 hours is required for the following:

- Out of geographic area cover for emergency treatment
- Maternity emergency surgery

Reimbursement Claims

Where direct settlement with a provider has not been possible, it will be necessary for you to pay the treatment costs and for you to claim reimbursement of these costs. To ensure that your claim is processed as quickly as possible, you must:

- Complete an Expacare Claim Form in full
- Ensure that the form is signed by the person providing the service or treatment (Section B).
- If the claim is in respect of prescription drugs (including repeat prescriptions), please ensure that either a copy of the prescription and pharmacy receipt is attached to the claim form OR that the doctor completes the details of the medication prescribed on the claim form and a pharmacy receipt is provided.
- Ensure that you have signed the claim form (Section A). If the claimant is a child, the form must be signed by the parent/guardian.
- Submit the claim form, together with invoices and proof of payment if the claim is made by you.
- If you are claiming Hospital cash benefit a certificate confirming the in-patient treatment, the diagnosis, the date of admission and discharge will be required.

Further details regarding the settlement of claims on a reimbursement basis can be found in your Membership Guide and on the Expacare website www.expacare.com.

Claim forms must be sent to Expacare as soon as possible but no later than 6 months after the start of your treatment. Claims submitted later than 6 months following the start date of treatment will not be paid.

We are only able to reimburse medical expenses when we have received the completed claim form, all invoices and receipts/proof of payment and any other additional information requested within 6 months of the treatment date. If a course of treatment exceeds 6 months, please ensure you obtain and submit an interim invoice. We strongly recommend that you keep copies of all documents.

Co-Payments and Excess

A co-payment or excess may apply to your policy - please refer to your Insurance Certificate for full details.

Reasonable and Customary Costs

Your policy allows for reasonable and customary eligible costs, as determined by us, to be reimbursed or paid directly to a medical facility. You have the flexibility to choose the facility at which treatment takes place. However, you should be aware that, in the event of the costs being charged exceeding what we consider to be reasonable and customary, you may not receive a full refund of your expenses or you may need to pay additional fees to the medical facility. If you are concerned about this, please call the above telephone number where you will be able to obtain advice on facilities where we know costs charged are reasonable and customary. We reserve the right to request that you attend a specialist/doctor of our choice for a second opinion.

Claims in Zimbabwe

Out-Patient Treatment at Preferred Providers

We have agreements in place with certain providers for:

- GP Consultations
- Specialist Consultations
- Pharmacy claims
- Physiotherapists
- Occupational Therapists
- Complementary Therapists

You may not have cover on your policy for some of the above procedures/treatment - please refer to your Insurance Certificate for full details of your cover.

If you use any of these facilities, you will not need to pay the provider for the treatment you receive.

Our list of preferred providers can be found on our website.

You are still able to attend other medical facilities of your choice. You will need to follow the Reimbursement Claims process outlined in this Guide.

Before you visit one of the treatment providers on our network, you must call the numbers below for pre-authorisation. You will be asked for some basic details and, if eligible, you will be provided with an authorisation code.

Once your treatment has taken place, the provider will send their bill to Health International who will arrange to reimburse this to the provider.

In the event that you do not obtain an authorisation code prior to your consultation and the claim is not eligible under the terms and conditions of your policy, reimbursement will not be made to the provider. In this scenario, Health International will contact you regarding the account.

You will receive a reimbursement statement from Expacare showing the claim payment and value of any remaining benefit, if applicable.

All reimbursements will be made in USD. Payments must be paid into a FCA Nostro Account. Accounts received in ZWL will be settled at the reasonable and customary USD value.

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