

GEMS has made submission of medical aid claims easy!



HEALTHCARE PROVIDERS CAN SUBMIT CLAIMS ON BEHALF OF REGISTERED MEMBERS OR THEIR DEPENDANTS.



How is a claim processed?

When we receive a claim, our claims department assesses it according to our Scheme rules. If the claim meets our Scheme rules, GEMS will pay the claim.

We require additional information from healthcare service providers, for example, an ICD-10 code or a detailed copy of the account, when we assess a claim. We will reject the claim if we don't receive this information.

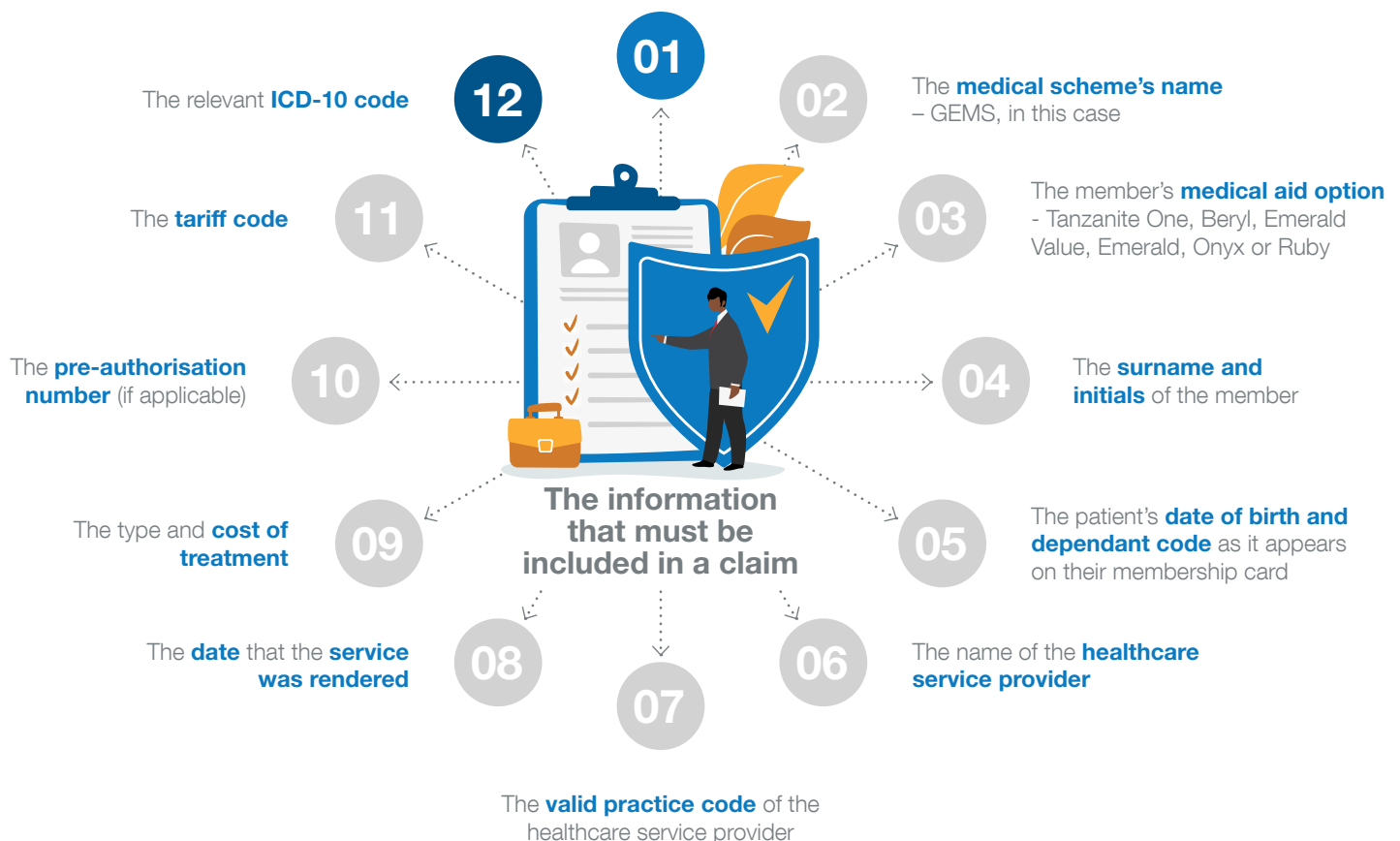
When are claims paid?

We have two payment runs per month (**one mid-month and another one at the end of the month**). Your claim will be settled on either one of these runs, but that depends on the date on which we receive your claim and the necessary supporting documentation.

The claims run dates are available on the GEMS website at www.gems.gov.za



The **membership number** of the patient



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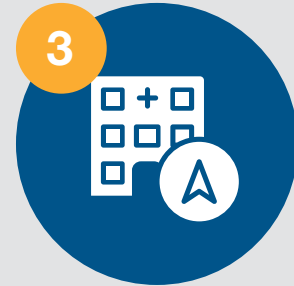
You can submit claims via:



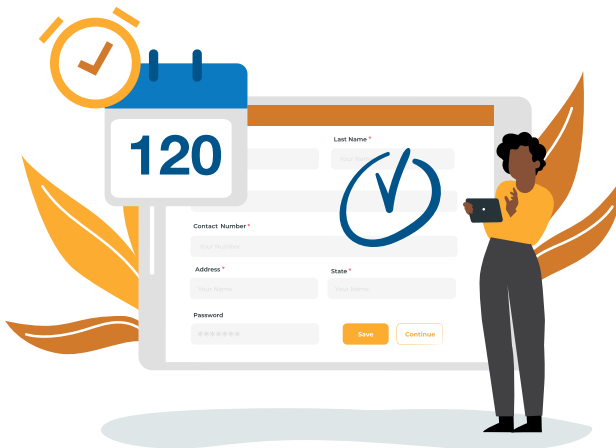
Email to
enquiries@gems.gov.za



By post to GEMS Private
Bag X782 Cape Town 8000



A GEMS
walk-in centre



Timely submission of claims:

Claims must reach GEMS within four months (i.e. 120 days) of the date of service. If the claim is rejected due to outstanding or insufficient information, you only have **60 days to resubmit the account**, even if it falls within the four months period.

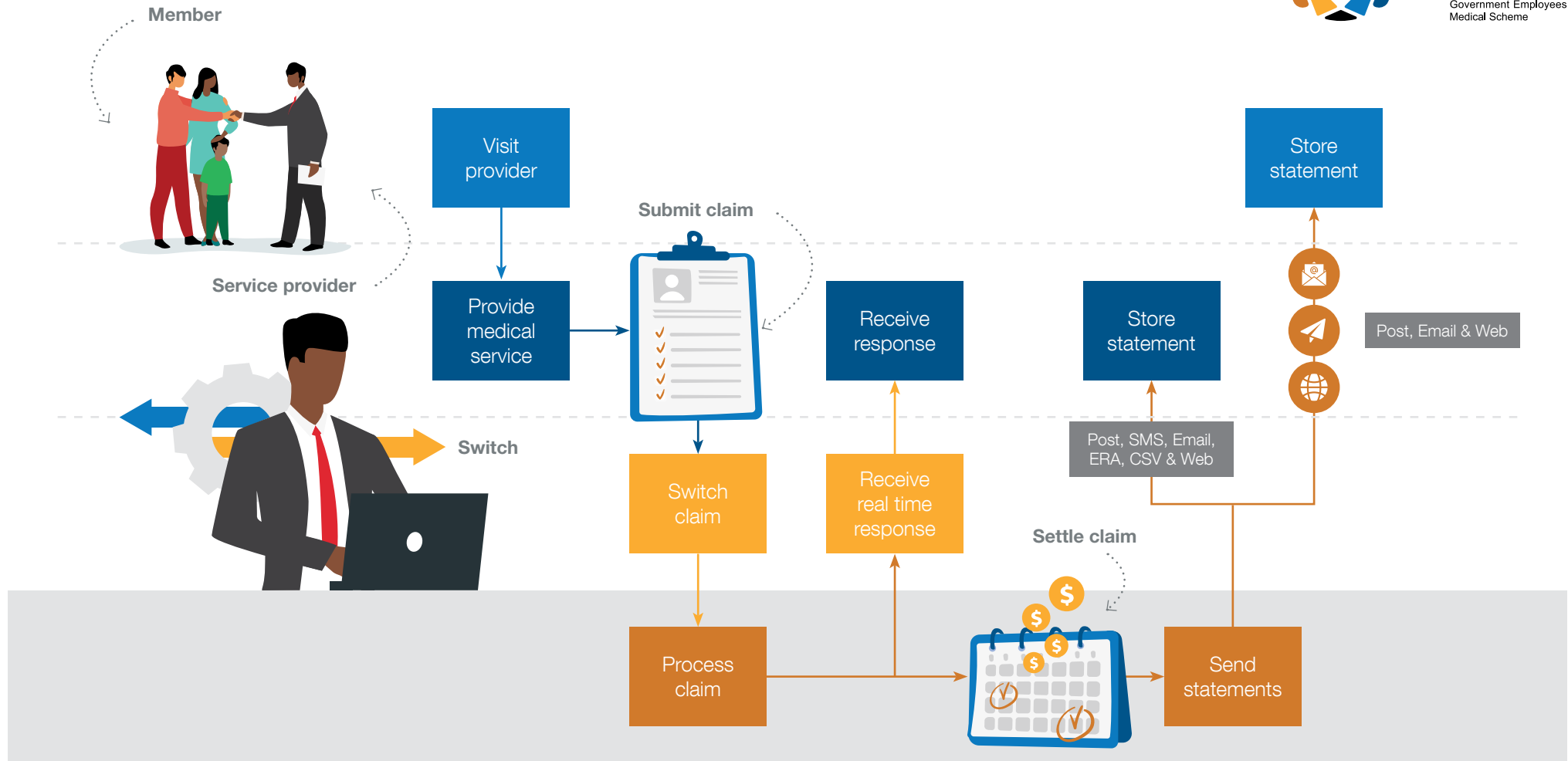
GEMS does not pay claims containing incorrect information and/or claims older than four months, in line with the regulations of the Medical Schemes Act.

Healthcare providers can follow up on a claim, or provide us with additional information required by:

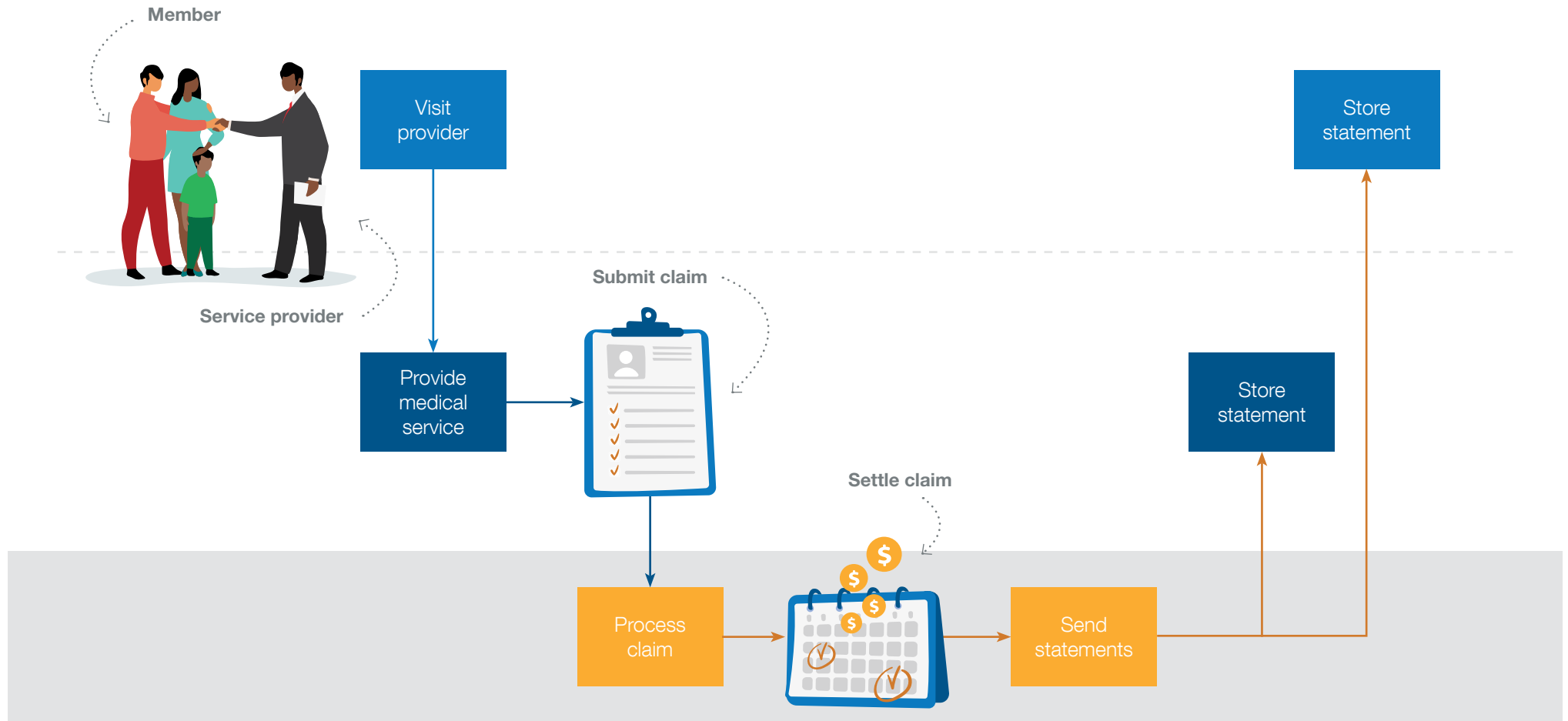
- Contacting the **GEMS Call Centre** on 0860 436 777
- Sending an **email** to enquiries@gems.gov.za



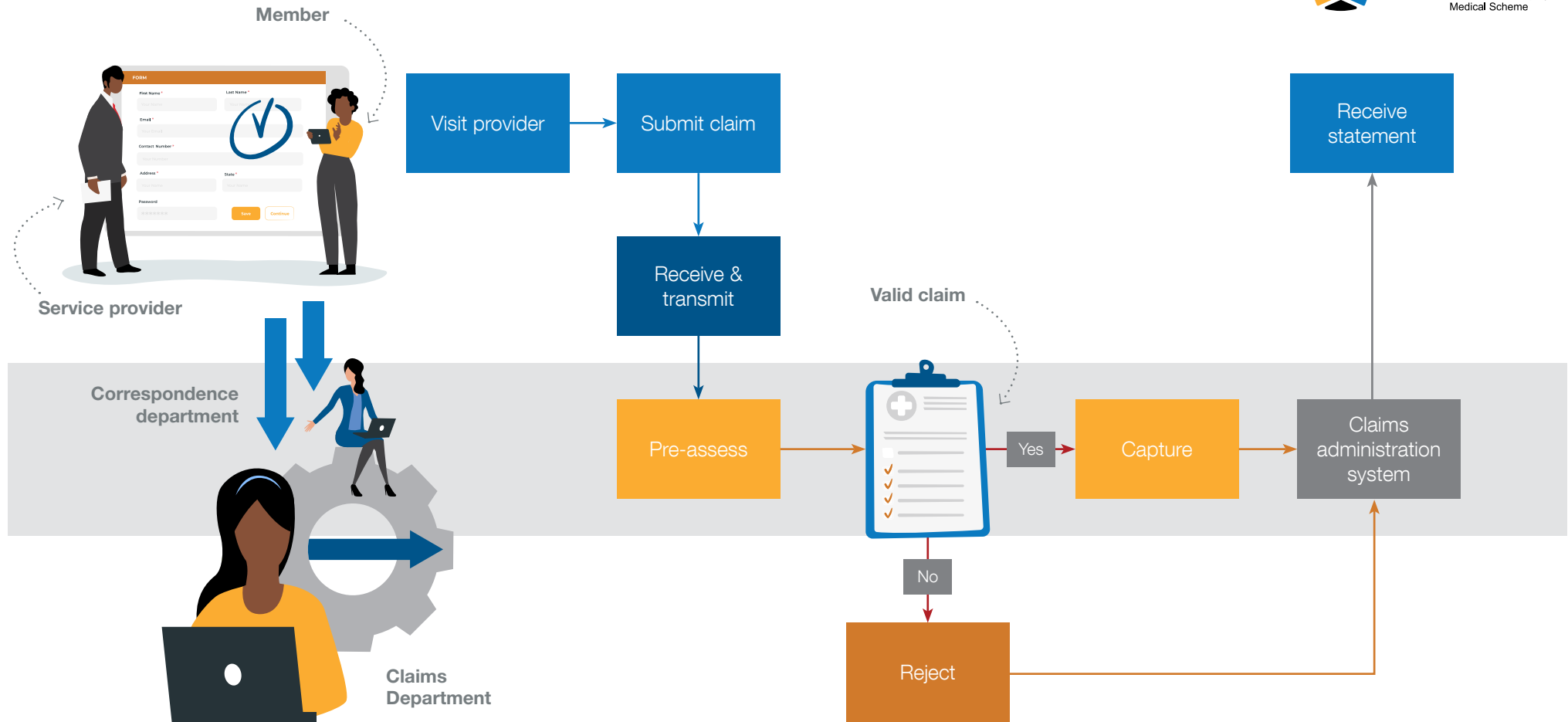
Process: Basic Real-Time Claims



Process: Electronic Claims



Process: Paper Claims Administration



Process: Claims Administration System

