Makoti Medical Scheme
Frequently Asked Questions

1. How do I get access to a doctor/general practitioner?
- On completion of the membership application form, the applicant must furnish details of his/her nominated doctor.
- A member may change their nominated GP at any time by advising the call centre or completing a new GP nomination form.
- At the first visit, it is important to remember that the member must produce their medical aid card and proof of identification.

2. What do I do when I am out of town and need to see a doctor?
Only in cases of emergency, members are allowed to visit the nearest general practitioner, when they are out of town, who must confirm the treatment with the Makoti.

3. What do I do when I need to see a doctor after hours?
Only in cases of emergency where the nominated doctor is not available, members are allowed to visit the nearest general practitioner, after-hours, and obtain confirmation from Makoti.

4. What medication will my medical aid pay for?

a. Acute Medicine This is medication for when you fall ill such as Flu, Diarrhea etc.
- Members can receive their medication from the GP (medication as per approved formulary).
- The GP must be a "dispensing doctor" if not, the GP must give a prescription for members to collect their medication from the nearest pharmacy.

b. Chronic Medicine (Generic Medicines) This is medication when you have a chronic illness such as high blood pressure, diabetes and or HIV.
- **Chronic treatment is managed through the GP** (medication as per approved formulary).
- **The GP must register the member for chronic medication with the Makoti**, The GP must be a dispensing doctor if not, the GP must give a prescription for members to collect their medication from the nearest pharmacy.

c. Over The Counter medication (Generic Medicines) This is when you feel sick and want to get medicine from the chemist without seeing the doctor.
- Over the counter medication will be paid for up to a specified benefit limitper family.

5. What do I do when I am pregnant? (Maternity benefits)
- Maternity benefits are accessed through the designated GP or the local clinic, and will be paid in full, provided that all pre-authorisation processes have been complied with.
- **It is important for the mother-to-be to contact the medical aid no later than the second trimester to ensure that all pre-authorisations are done in good time before delivery**.

6. Will my medical scheme pay for ambulance services?
- Yes, Members and their registered dependents can use any registered provider at their disposal. Only medical evacuations and emergencies will be confirmed by your medical aid. Inter hospital transfers will only be covered **for Medical reasons**. **Call 0860 102 214**

7. What do I do if I need to have blood tests done or X – Rays taken? (Pathology and Radiology)
- All blood tests and X rays must be confirmed by the member by contacting Makoti.
- **It is important for you as the member to inform your GP of this process before they send you for any blood tests or X rays.**

8. Will my medical scheme pay for specialist services (State Hospitals)?
- Members are not allowed to visit any specialist without a referral by a GP.
- The GP must provide a referral motivation letter for consulting a GP.
- Pre-authorization for all specialist consultations is required.

9. Will my medical scheme pay for eye care? (Optometry)
- Members are covered for one eye test, frame and lenses once every 24 months up to a specified benefit limit per beneficiary.
- Optometrists must first confirm treatment at **087 801 2860**.

10. How do I access dentistry benefits on Makoti?
11. Members can consult with any dentist in their area.
12. The Dentist must confirm treatment with "DENIS" at **087 801 2860**.

Please refer to your Makoti Medical Scheme member booklet for more information.

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