

GUIDELINES FOR AUTHORISATION OF TREATMENT

PRE-BENEFIT WAITING PERIODS – ALL SCHEMES

BENEFIT	MEMBERSHIP STATUS	WAITING PERIOD
Chemotherapy treatment	New Member	24 Months
Elective Surgery	New Member	6 Months
Foreign Referred treatment (unavailable in Zimbabwe)	New Member	24 Months
Geriatric Nursing Homes	New Member	12 Months
Haemodialysis treatment	New Member	24 Months
Internal Prosthesis	New Member	24 Months
Maternity	New Member	9 Months
MRI, CT Scans and Nuclear medicines	New Member	12 Months
Optical including Contact lenses	New Member	12 Months
Orthodontic treatment	New Member	24 Months
Orthopaedic Appliances	New Member	12 Months
Pre-existing Chronic disease	New Member	6 Months
Upgrading Scheme	Any Member	3 Months (must remain for 12 months before downgrading)

IMPORTANT INFORMATION FIRST 3 MONTHS MEMBERSHIP

Treatment for PRIMARY HEALTH CARE with the patient's General practitioner and acute drugs will be accepted in the first 3 months of membership, but the cost thereof will not exceed the value of the contributions paid during the 3 months period. Thereafter, ALL TREATMENT (such as GP referred Routine treatment BY SPECIALISTS, and Routine Dental work) will be on PRE-AUTHORIZATION taking into account the Relevant Waiting Periods listed above. Pre-authorized Claims will only be accepted in terms of the AHFOZ Tariff and cannot exceed the value of the sub-limit reflected on the benefit schedule.