

HEALTHCARE ADMINISTRATORS

EXTERNAL PROVIDER LOGIN

Profmed Limit view training document

Compiled by: PPSHA March 2023

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Introduction

A Medical service Provider can access the PPSHA Profmed Administration system via a Web Login, from the Profmed website (<u>www.profmed.co.za</u>).

The provider can now view a member's Limit without having to phone the Profmed Call Centre. All scheme / plan limits won't be available for viewing by all practice disciplines. If there are more limits that your practice discipline needs to view, please inform our Profmed provider team so that it can be reviewed.



What the Provider can view on the Profmed Web Login

- Payment run statements,
- .CSV Remittance Advises
- Member validity
- Member Limits
- Communication between provider and scheme administrator
- Claims / payment of claims
- Your Provider Basic details and Banking details
- The history on your account (EFT Payments / Cheques / Account Transactions)
- Profmed Scheme information:
 - Rand Conversion Factors
 - Dental Provider Documents (will only be relevant and visible to dental disciplines)
 - Schedule of benefits
 - o Scheme Rates

Web Login

Go to the PPSHA Provider portal on <u>https://ppsha.co.za/providers/</u> and click on Profmed.



Once you have selected to login as a Provider from the Profmed website, the **Profmed Login** screen will display.

Login Details			
PROFMED	Login: Password:	PRnumber	
<u>Have you forgot</u> Do you want to	<u>ten your login or j</u> o register for an A	<u>password?</u> Account?	Login

If you do not have a profile/ login – please use the "*Register for an account*" link, to create a login and password, and follow below steps on screen.

	Profmed New User Registration Form	
	PROFMED	1
	INTELLIGENT MEDICAL AID FOR PROFESSIONALS	
		^
Fill out the following form correctly		
User Code:		
User Name:		
Email Address:		
Mobile Number:		
Desired Password:		
Confirm Password:		
**Minimum Length:	12	
**Special Characters:	At least 3 of the following characters: 0123456789!@#\$%ABCDEFGHIJKLMNOPQRSTUVWXYZ.	
Register as a Member, Provider, Company or Broker:	Service Provider V	
Member, Provider, Company or Broker Number:		
Additional Numbers to be linked (comma delimited please):		
Mandatory Questions		
What is your ID number?		
		Submit Reset

- User code (Login): Choose a user code of your choice (suggestion to use provider number)
- User name field: Use the same name as the User code
- Email address: Insert your e-mail address
- Mobile number: Insert your mobile number in this field
- Desired password: Insert the password that you would like to use
- Confirm password: Confirm the password that you want to use again
- Minimal Length-this indicates the number of characters needed for the password
- Register as a Member, Provider, Company or Broker- on this field there is a drop-
- down list where you can select an option, for example Provider
- Member, Provider, Company, or Broker number: insert your Provider number in this field
- What is your ID number: this is a mandatory field, and you have to insert your ID number
- Your request will be in a pended status until confirmed by the Scheme. Please wait for the confirmation e-mail.

Once successfully logged in, the Provider screen will display:

	DEFA	ULT - PPSHA-PROFMED - Service Provider Details
Service Provider Menu	e Provider Details	
Important Scheme Information	Number: #2000/12/31 Start Date: 2000/12/31 End Date:	Name: Id Number Type: Id Number: 0
Service Provider	Paid by Schedule?: Allow Rams Update: Dispense:	SAMDC Number: Pay Method: Assessing Decision Hold Credit:
Accounts Discip	Use Email: 🔽	Education: XRef:
Banking Details	Discipline Code: Sub Discipline Code:	
Claims	Activate Date: 2000/12/31	iermination Date:
Contactions Contact	at Information	
Contact Information		
Verify Membership Discip	ine Codes	
Statements		
Licens	e Numbers	
Associ	ated Practices	

Basic details

To access any information that does not display on the **Basic Details** menu, click on the down arrow next to the **Service Provider** option, to view the additional menus.



Accounts details



The Menu for *Accounts* will indicate the history on your account (EFT Payments / Cheques / Account Transactions)

				DEFAULT	- PPSHA-PROFMED - Service	Provider Account	5	← 🖽 🌧 🌡
								Contraction of the second seco
Service Provider Menu	Service Provider I	nformation						🗢 🔨
\checkmark		Service Provider	No:	Name:			Telephone:	
Important Scheme Information		Start D End D	ate: ate:	Cell Number:			Email:	
Service Provider							7	
Accounts	Account Search Fo	orm						<select a="" value=""> 🗸 🔅 🔨</select>
Banking Details				Transaction Type:	۹.			
				Current/History:	Al 🗸			
Basic Details				Doctor Account Type:	Al 🗸			
P				Scheme:	All			
Claims				From Date:	2000/12/31			
Communications				To Date:	2023/03/03			
Contact Information								Search Cancel
Verify Membership				lana la				
D	EFT Payments							🔯 🔨
Statements	Original Scheme	Sequence	Doctor Account Type	Transaction Date	Transaction Type	Reference	Narration	Amount
	8 - PROACT+ S	727	D	2023/01/18	4 - EFT Payment to Provider		D/O claims paid re stmt 23/01/15	1,145,20
			D	2023/01/18			Date Total	1,145.20
	12 - PROSECURE	290	D	2022/11/03	4 - EFT Payment to Provider		D/O claims paid re stmt 22/10/31	705.60
			D	2022/11/03			Date Total	705.60
	13 - PROACTIVE+	88	D	2022/10/19	4 - EFT Payment to Provider		D/O claims paid re stmt 22/10/16	552.60
			D	2022/10/19			Date Total	552.60

Banking details



The Menu for *Banking Details* will reflect the bank Account number that payments on claims will be paid into.

						DEFAULT - PPS	HA-PROFMED -	Bank details	for serv	prov					
	<i>.</i>	Service	Provider Information											1	0
♥	Important Scheme Information		Service Provider Start Di End Di	No: ite: ite:		Name: Cell Number:					Tele	ephone: Email:			
	Service Provider									1	-		. 6		
	Accounts	Service	Provider Bank Account Li	st										8	- 🔯 /
	Banking Details	Scheme	Bank	Branch	Account Number	Account Name	Payment Type	Start Date	End Date	Account Type	Maximum Amount	Subscriptions	Claim Dr	Claim Cr	Strike Day
	Basic Details	ALL Schemes	ABSA(VOL, TRU, UNT, UNI,	ALLI)			ACB	2011/11/02	È.	Current Account	9,999,999.00				00

Provider Basic details



The Menu for **Basic Details** will reflect the provider contact and general info mostly received on BHF updates

		DEFAULT - PPSHA-PROFMED - Service Provider Details
Service Provider Menu	Service Provider Details	
Important Scheme Information	Number: Start Date: End Date: Paid by Schedule?:	Name: Id Number Type: Id Number: SAMDC Number:
Service Provider Accounts	Allow Rams Update: Dispense: Use Email:	Pay Method: Assessing Decision Hold Credit: Education: XRef:
Banking Details	Discipline Discipline Code: 054	
Basic Details	Activate Date:	Termination Date:
Claims		
Communications	Contact Information	
Contact Information	Emergency Number: Email: Telephone:	Cell Number: Fax Number: Honey Number:
Verify Membership	ielephone.	Tone Runder.
Statements	Physical Address:	Postal Address:
	Suburb: City: / Post Code:	Suburb: City: Post Code:
	Discipline Codes	

Claims details

The Menu for *Claims* will reflect the provider Claiming profile. That screen enables the user to search for any specific claim based on the below search criteria:

		DEFAULT - PPSHA-PROFMED - Claim search for o	doctor 🗧 🔲 🌧
1.	Service Provider Information		
Service Provider Menu	Service Provider No: Start Date:	Name: Cell Number:	Telephone: Email:
Important Scheme Information Service Provider	End Date:		
Accounts	Service Provider Claims		
Banking Details			
Basic Details	Search Criteria for Assessed Claims View: O Default	🔿 Claim Event Only 🔘 Medicine Details	Sort By: O Date Only 💿 Pr
Claims	Member Number: Member ID Num:		
Communications	From Treatment Date: 2022/03/01		Assessed, not yet paid:
Contact Information	Payment Date: 2023/03/03		Authorization No:
Verify Membership	Payee: Al v		T/Plan Authorization No: Al < Reject Code: Q
Statements	Number of Claims: 100 Reference:		Nappi Code:
			Show Hidden Claims:

If more than 50 claims are available, increase the QTY in the "*Number of claims*" field in order to displayed more than 50 Records on screen.

To view more details with regards to a specific claim you can click on the underlined treatment date on the screen, and it will display more specific claims details.

		DEFAULT - PPSHA-F	DEFAULT - PPSHA. PROFINED - Claim search for doctor			
				2		
Service Provider Menu	Service Provider Information					
Important Scheme Information	Service Provider No: Start Date: End Date:	Name: Cell Number:	т	elephone: Email:		
# Service Provider				and the second se		
Accounts	Service Provider Claims			<select a="" value=""> 🗸 📀 🔨</select>		
Banking Details						
Basic Details	Search Criteria for Assessed Claims View: O Default O Claim Event Only	O Medicine Details	Sort By: O Date O	nly 💿 Provider and Date		
Claims	Member Number:					
Communications	From Treatment Date: 2022/03/01		Assessed, not yet paid:			
Contact Information	To Treatment Date: 2023/03/03 III		Tariff Code:			
North Hankarda	Payment Date:		T/Plan Authorization No: All v			
Verny membership	Payee: All v		Reject Code: 🤤			
Statements	Number of Claims: 50 Reference:		Nappi Code: Show Hidden Claims:			
				Search Cancel Save to Excel		
	TOTAL CLAIMED: 27,8 Colour key:	78.17 TOTAL BENEFIT: 7,965.20 TOTAL REJECTED: 20,0 Red = Reversed claim, Amber = no Benefit, Green = Claim	VIZ:97 TOTAL OWED: 0.00 TOTAL SAVINGS: 0.00 TOTAL REVERSED: 0.00 suspended, Purple = Claim short-paid, Brown = Discount Received			
	Service Provider Claim List			🗛 - 🙆 🔨		
	Treatment Member Dependant Tariff Nappi Diagnosis Claimed Date Code	Benefit Discount Short Note Payment Payment Code Date	nyee Reference Claim Claim Claim Code Authorisation T/Pla Number Type Author	n Gen.Claim Option External Free prisation Nr Reference Text?		
	2022/12/22 08159					

You may click on the underlined treatment date, the following claims details will appear:

Claim Details							\$
	Scheme Code:	08		Scheme:	ProActive Plus Savvy		
	Member Number:			Tariff Code:	08159		
	Claim Number:			Units:	1		
	Tariff Description:	Prophylax	ds - complete dentition	EDI Line number:	001		
Patient and Do	ctor Details						
	Dependant:			Name:		Payee:	Provider
	Service Provider:			Name:		Pay Vendor Number:	0
	Practice Type:			Description:			
	Prov pr Number:			Name:		Negotiation Group:	
	Referred By:	0		Name:		Negotiation Group:	
1	Referred to:	U		Name:		Regoliation Group:	
Amounts							
	Claimed:	674.00		Tariff Amount:	394.90	Copay:	0.00
	Benefit:	394.90		Discount:	0.00	Short Payment:	279.10
	Owes:	0.00		PMB value:	0.00	Percent:	100
T	Savings:	0.00		Third Party:	0.00	KPL:	0.00
Treatment and	Dates						
	Claim Code:	540		Description:	BASIC DENTISTRY	Claim Type:	С
	Ireatment date:	2022/12/2	22	Authorization Number:		Reference Auth Number:	
	Received date:	2022/12/2	(D	Days: Treatment to Received:	4	Receipted:	
	Payment Date:	2023/01/0	15 15:40:27.127	Days: Received to Assessed:	30	Suspend Until:	
Nata Cada / Da	rayment bate.	2023/01/1	IJ	bays. Received to rayment.	20	Suspend onen.	
Note Code / Re	Jections						
	Note Coder			Rejection Code 1:		Rejection Code 2:	
F .	Note Code:			Rejection code 3:		Rejection code 4:	
Extras							
	Modifier:				_	Trade Number:	30
	Scan Code:			Suspended:		Irade Partner:	
	Reg Article Number:			Reported After resign:		Assessor:	
	NOTE CODES:			NHA NOTES		NHA AUTH-	
	STAT/RULE:			NHA BATCH:		Gen.Claim Nr:	232E65X3
Diagnosis Dotai	ils						2021 05/10
Diagnosis Detai	Diamaria Caday	1/02 (Disession	Describe for some Parents and the state		
	Arterick Code:	KUS.0		Diagnosis:	Deposits [accretions] on teeth	Registered for Condition?	
	Morphology Code:					Mouth Parts	110
	Base rate:	SCHEME		Description:	SCHEME RATE	hoden rai ci	
Alternate	Reinbursement Rate:						
Resources for	this Claim						💠 🔨
				There are no recourses for th	is claim		
		_		There are no resources for th	is claim		
		100					
External refere	ences for this Claim						🏘 🔨
Interface Type	Interface Descri	ption	Reference Code	Reference Description	Reference Value	Last Modified Datetime Cl	aim Origin
DENTCORT			PAY		DE00056386	2023/01/05 13:45:29.132	
MIP	MIP ADMIN SYST	EM	Inkclmedi	Link claim record to EDI record	030 055826 000090 001	2023/01/05 13:45:29.131	
MIP	MIP ADMIN SYST	EM	QEDI TransNum	QEDI Transaction Number	2087736405324201986	2023/01/05 13:45:29.131	

Statement details



The Menu for *Statements* will reflect the provider's Payrun statements and .CSV Remittance Advises as per the relevant payment run.

		DEFAULT - PPSF	HA-PROFMED - Statements	
Service Provider Menu				
Important Scheme Information	Statements Search Statements			
Service Provider Accounts		From Date: 1000000000000000000000000000000000000		
Banking Details Basic Details	-			
Claims	Statements found View Description		Date	Content Type
Communications Contact Information			2023/01/19 11:32:27.170+02:0 2023/01/15 06:14:20.942+02:0 2023/01/04 16:12:45 572+02:0	0 pdf 0 csv 0 pdf
Verify Membership	 ⊘ ⊘ 		2022/12/31 05:26:30.831+02:0 2022/11/02 02:40:29.958+02:0	0 csv 0 pdf
	$\boxed{\bigcirc}$		2022/10/31 20:20:27.968+02:0	0 csv



To view the attachment of the communication sent, click on the **View Attachment** icon

Verify Member details

The Menu for *Verify Membership* will reflect scheme membership details with regards to member validity and relevant Benefit limits that would be required by the specific Provider discipline.

Currently all **Dental** Providers will be able to see a member and dependent's limits on basic Day-to-Day limits available and basic dentistry limits. The system will also indicate if it is a limit that is subject to another limit.

DEFAULT - PPSHA-PROFMED - Member Search form

You can now enter the desired member number and press search:

You'll note a "*General Member Detail*" Container will display which will give high level details on the requested member like (option name/ dependent and their relation to main member, spouse, child etc. / birth-, join-, benefit-, resign-, suspend date)

				DEFAU	ILT - PPSHA-F	PROFMED - M	lember Sear	ch form			← 🗆 🔶
Service Provider Menu		Membe	Number:	l.				Id Nu	mber:		
Important Scheme Information		Member	indinber.						inder.		Sear
Service Provider		-	7		7.5						-
Accounts	Member De	tail : (1035839	8) MRS IB S	AAYMAN, S	cheme : Pro	Active Plus S	avvy				
Banking Details	Dependant	First Name	Surname	Туре	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
Basic Details	0			Main Member		2022/06/01	2022/09/01				
Claims	1			Spouse		2022/06/01	2022/09/01				
Carris	2			Child		2022/06/01	2022/09/01				
Communications	3			Child		2022/06/01	2022/09/01				
Contact Information	- 4		_	Child		2022/06/01	2022/09/01	-	-		-
Verify Membership	Family Lim	its									



Verify Member Limits

You'll note that there is another Container for "*Family Limits*". It will display the limits for all active dependents, and you'll note that there are limits that will be dependent on the Overall Family limit as well.

It will display what the limit is that the member / dependent received for the benefit year and what is left. These limits are not a guarantee of payment, as claims will be paid on first-come-first-pay basis.

Limits on ProSecure Savvy

The below show for example a member's limits on "Prosecure Savvy", which has:

- o Family Overall Day-to-Day Limit (this limit will only display on the Main member's dependant code)
- o Dentistry Family Overall Limit (this limit will only display on the Main member's dependant code)
- Dentistry Beneficiary Limit (the beneficiary limit will display on each beneficiary, and will be subject to available Family Dentistry limits on the main Member)

		DEFAULT - PPSHA-PROFMED - Member Search form								
Service Provider Menu Important Scheme Information		Member Number:					ld N	umber:		Sear
Service Provider			161			1				A COLOR
Accounts	Member Detai	(: MSHM	UNGLEE, Sci	neme : ProS	ecure Savvy					
Banking Details	Dependant Fi	rst Name Surname	Туре	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
Basic Details	0	E	Main Member		2003/05/01	2003/05/01				
Claims	1		Child		2013/09/01	2013/09/11				
Communications	2		Child		2018/01/01	2018/01/12	1			
Contact Information			1744							Statement of the local division of the local
Verify Membership	Dependant:	Description:					Benefit:	Remaining:	Limit Messag	e:
Statements	0 - H/	DAY-TO-DAY AN	INUAL LIMIT				23,300.00	23,300.00	Family Overal	l limit
	0 - H/	DENTISTRY FAM	AILY (DEPEND	ANT SUB-LIMI	TS APPLICABLE)	12,500.00	12,500.00	Family Overal	l limit ┥
	0 - H/	DENTISTRY BE	NEFICIARY				6,200.00	6,200.00	Subject to Fa	mily Dentistry limit
	1 - YA	DENTISTRY BEI	NEFICIARY			-	6,200.00	6,200.00	Subject to Fa	mily Dentistry limit
	2 - YA	DENTISTRY BEI	VEFICIARY				6,200.00	6,200.00	Subject to Fa	mily Dentistry limit

Limits on Proselect

The below show for example a member's limits on "Proselect", which has:

- o NO Family Qverall Day-to-Day Limit (this limit will only display if option is eligible for Day-to-Day limits)
- o Dentistry Family Overall Limit (this limit will only display on the Main member's dependant code)
- Dentistry Beneficiary Limit (the beneficiary limit will display on each beneficiary, and will be subject to available Family Dentistry limits on the main Member)

				DE	FAULT - PPSH	A-PROFMED	- Member Se	arch for	m		← 🗆 🏫
Service Provider Menu Important Scheme Information		Me	mber Number:						ld Number:]
Service Provider				1		1				1	Terre
Accounts	Member De	tail : (1024	48870) MR PN	SAAYMAN	l, Scheme : P	roSelect					
Banking Details	Dependant	First Name	Surname	Туре	Birth Date	Join Date	Benefit Date	Resign Date	Suspen Date	d Exclusions	Dependant Exclusions?
Basic Details	0			Main Member		2019/03/01	2019/06/01				
Claims	1 2			Spouse Child		2019/03/01	2019/06/01 2019/06/01				
Communications		115-							-		State State of Lot
Contact Information	Family Lim	its									
Verify Membership	Dependant:	De	ription:				Be	nefit:	Remaining:	Limit Message:	
Des	0 -		NTISTRY FAMIL	Y (DEPENDA	NT SUB-LIMITS	APPLICABLE)	1.8(0.00	1 800.00	Family Overall limit	efits on this option
Statements	0 -	DE	NTISTRY BENE	ICIARY	ITT DOD LINITD	/ a r el el totel j	70	0.00	700.00	Subject to Family [Dentistry limit
	1 -	DE	NTISTRY BENE	ICIARY			7(00.00	700.00	Subject to Family I	Dentistry limit
	2 -	DE	NTISTRY BENE	ICIARY			70	00.00	700.00	Subject to Family [Dentistry limit

Limits on ProActive Plus Savvy

The below show for example a member's limits on "ProActive Plus Savvy", which has:

- o Family Overall Day-to-Day Limit (this limit will only display on the Main member's dependant code)
- o No Dentistry Family Overall Limit (this limit will only display if option is eligible for Dental limits)
- No Dentistry Beneficiary Limit (this limit will only display if option is eligible for Dental limits)

Service Dravider Menu					DEFAUL	T - PPSHA-F	PROFMED - M	Aember Sea	rch form			← 🗆 ♠
			and an North							und have		
Important Scheme Information			ember Numb	er:						lumber:		Sear
Service Provider						7-						
Accounts	Member Deta	ail : (103	58398) MRS	B IB SAAY	(MAN, Sc	heme : Pro	Active Plus S	avvy				
Banking Details	Dependant I	First Name	e Suri	name T	ype	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
Basic Details	0			M	lain Iember		2022/06/01	2022/09/01				
Claims	1	\backslash		S	pouse		2022/06/01	2022/09/01				
	2			С	hild		2022/06/01	2022/09/01				
Communications	3		\	C	hild		2022/06/01	2022/09/01				
Contact Information	-				Tinta		2022/00/01	2022/07/01	-	-	-	
Verify Membership	Family Limit	s										
Statements	Dependant:		Pescript	ion:					Benefit:	Remaining:	Limit Message:	
	0 - 1		DAY-TO-D	DAY ANNU	IAL LIMIT				7,600.00	7,600.00	Family Overall I	mit
	0 - 1		DENTIST	ry family	(DEPEND	ANT SUB-LIMI	TS APPLICABL	E)	0.00	0.00	No Dentistry lin	nits for this option
	0 - 1		DENTIST	RY BENEF	ICIARY				0.00	0.00	No Dentistry lin	nits for this option
	1		DENTIST	RY BENEF	ICIARY				0.00	0.00	No Dentistry lin	nits for this option
	2 - 1		DENTIST	RY BENEF	ICIARY				0.00	0.00	No Dentistry lin	nits for this option
	3 - 1		DENTIST	RY BENEF	ICIARY				0.00	0.00	No Dentistry lin	nits for this option
	4		DENTIST	RY BENEF	ICIARY				0.00	0.00	No Dentistry lin	nits for this option

Limits on Propinnacle

The below show for example a member's limits on "ProPinnacle". Orthognathic limits will only show on your Propinnacle and Propinnacle Savvy options. The orthognathic Limit will be an overall Family Limit:

- Orthognathic Overall Family Limit (this limit will only display on the Main member's dependant code)
- Family Overall Day-to-Day Limit (this limit will only display on the Main member's dependent code)
- No Dentistry Family Overall Limit (this limit will only display if option is eligible for Dental limits)
- No Dentistry Beneficiary Limit (this limit will only display if option is eligible for Dental limits)

		DEFAULT - PPSHA-PROFMED - Member Search form								
Service Provider Menu		Member Numb	er:			-		d Number:		
Service Provider			1						-	Se
Accounts	Member De	ta <mark>il : (34423) ADV M</mark> !	SELIGSON,	Scheme : Pro	Pinnacle Sa	vvy				
Banking Details	Dependant	First Surname Name	Туре	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
Basic Details	1		Main Member		1983/05/01	1983/05/01				
Claims	2		Spouse		2000/09/01	2000/09/01	_	_		-
Communications	Family Limi	ts								
Contact Information	Dependant	Description:					Benefit:	Remaining:	Limit Message	:
	1-1	DENTISTRY- ORTHO	GNATHIC SU	IRGERY			37,292.00	37,292.00	Family Overall	limit
verity membership	1 - 1	DAY-TO-DAY ANNUA	L LIMIT				28,200.00	26,114.72	Family Overall	limit
Statements	1 - 1	DENTISTRY FAMILY	DEPENDAN	T SUB-LIMITS AP	PLICABLE)		14,600.00	14,600.00	Family Overall	limit
	1 - 1	DENTISTRY BENEFIC	IARY				7,300.00	7,300.00	Subject to Far	nily Dentistry limit
	2 - :	DENTISTRY BENEFIC	IARY				7,300.00	7,300.00	Subject to Far	nily Dentistry limit

Limits on other disciplines like GPs

The below show for example a member's limits on "Proselect". There are no Day to Day limits on Proselect.

					D	EFAULT - PPSHA	-PROFMED - Mem	ber Search fori	n		← □ ♠
Service Provider Menu											
# Important Scheme Information			Member Num	ber:					Id Number:		
Rand Conversion Factors					_			_	_	_	The second s
Dental Provider Documents	Hamber Data			Sehama - Drafa	fact				The second		
Schedule of Benefits	Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
Profmed Scheme Rates	0			Main Member	1	2019/03/01	2019/06/01				,
Schedule of Benefits 2023	2			Spouse Child		2019/03/01 2019/03/01	2019/06/01 2019/06/01				
Service Provider	Family Limits			12			and the second				and the second se
Accounts	Dependant:		Description	:			Benefit:	Remaining:	Limit Message:		
Banking Details	0 - PAUL NICHO	LAS	DAY-TO-DAY	ANNUAL LIMIT	_		0.00	0.00	No DAY-TO-DAY benef	its on this option	
Basic Details	Exclusions Lis		1								and the second se
Claims		•			TI	ere are no excl	usions for this de	pendant			
Communications		1	-							Contraction of the	and the second se
Contact Information	Primary Care	Provider Record	ds								
Verify Membership				-	-	No Primary C	are Provider Reco	oras	_	_	-

The below show for example a member's limits on "ProActive Plus Savvy". There are overall Day to Day Family limits on ProActive Plus Savvy.

	DEFAULT - PPSHA-PROFMED - Member Search form										
Service Provider Menu			Hamber Number	A					d Humbar		1
# Important Scheme Information			member Humber.		_				u number.		
Rand Conversion Factors				-			_		-		and the second second
Dental Provider Documents	1.								17		
	Member Deta	ail : (10358398) MR	S IB SAAYMAN, Sch	neme : ProActive	e Plus Savvy						
Schedule of Benefits	Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
Profmed Scheme Rates	0			Main Member		2022/06/01	2022/09/01				
	1			Spouse		2022/06/01	2022/09/01				
Schedule of Benefits 2023	2			Child		2022/06/01	2022/09/01				
	3			Child		2022/06/01	2022/09/01				
Service Provider	4		-	Child		2022/06/01	2022/09/01	_			
Accounts	Family Limits	5								C Market	
D. Anther Database	Dependant		3	Description:				Benefit-	Rem	ainine: Limit M	
Banking Details										anning. Ennie in	
Basic Details	0 - IZOLDA BEF	INADETTE	_	DAY-TO-DAY ANNU/	AL LIMIT	-	_	7,600.00	7,6	600.00 Family C	werall limit
Claims	Exclusions Li	st	1000							1000	
Communications					There	are no exclusio	ons for this depe	ndant			
Contact Information		1	-		/			-		-	
Verify Membership	Primary Care	Provider Records									

The below show for example a member's limits on "ProSecure". There are overall Day to Day Family limits on ProSecure.

	DEFAULT - PPSHA-PROFMED - Member Search form										
Service Provider Menu										12	
Important Scheme Information			Member Numbe	r: [,					ld Number:		
Rand Conversion Factors		-	_	-				-	-	_	The second
Dental Provider Documents	Nember Det	N 294 (19063)	C SHIT Scheme	- ProSecure					No.		
Schedule of Benefits	Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusion
Profmed Scheme Rates	1			Spouse		1990/08/01	1990/08/01	2015/05/31			
Schedule of Benefits 2023	2			Main Member Adult		1990/08/01 1990/08/01	1990/08/01 1990/08/01	2003/12/31			
Service Provider	5 6			Child Adult		1990/08/01 2009/01/01	2005/11/01 2009/01/01	2012/05/31 2009/12/31			
Accounts								7 -			State of the local division of the local div
Paraling Dataik	Family Limit	s									
Banking Details	Dependant:		De	scription:				Benefit:	Rema	ining: Limit M	essage:
Basic Details	2 - AUGUSTA C	RONJE	DAY	-TO-DAY ANNUAL	TIMIT			11,900.00	8,0	63.77 Family C	Overall limit
Claims		-	1000	Las	here		-	1 -			and the second se
Communications	Exclusions Li	ist									
Contact Information		-	_	_	The	re are no exclu	sions for this dep	endant		_	_
📓 Verify Membership	Primary Care	Provider Records				and the second					