GUIDE TO TRANSPLANT CLAIMS SUBMISSION PROCESS

2026

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.
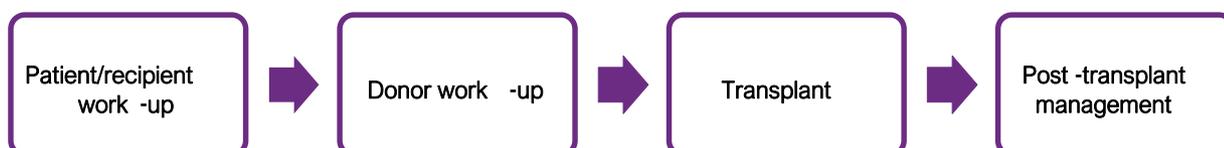
Contact us

You can call us on **0860 123 077** or visit **www.tfgmedicalaidscheme.co.za** for more information.

How we pay costs related to a transplant

This document explains how we pay for pre-transplant investigations, the transplant procedure and post-transplant care approved as a Prescribed Minimum Benefit (PMB).

Understanding how the transplant claims process works

For simplicity, and to streamline the process, we have identified four definite steps that must take place for a transplant, as illustrated below:

| Patient/recipient work-up | → | Donor work-up | → | Transplant | → | Post-transplant management |

TFG Medical Aid Scheme will only pay for treatment that is included in the benefit definition without using the member's day-to-day benefits. The information below describes each step in the claims process.

The process to have the patient or recipient's accounts paid is different to the process for the donor accounts. We explain these two processes separately.

Patient / Recipient work-up

TFG Medical Aid Scheme will pay for the appropriate, approved work-up costs for the recipient and the donor.

Getting work-up accounts paid as a Prescribed Minimum Benefit

- To ensure claims are funded correctly as Prescribed Minimum Benefits, it is important that all healthcare providers submit claims with the approved ICD-10 codes.
- Claims may be submitted using electronic submission channels. Alternatively, paper claims may be submitted by email to claims@tfgmedicalaidscheme.co.za.
- Proof of payment must be submitted if these claims have been paid for upfront.

If we have paid approved accounts from the day-to-day benefits
In this case, we will pay the amounts back into the day-to-day benefits retrospectively. If the member paid the accounts upfront, we will pay the money back in to the member's bank account if proof of payment is submitted with the claim. If the service provider has not been paid yet, and has a payment arrangement with us, we will pay the provider directly.

Donor work-up

Paying the accounts
- Once a suitable or compatible donor is found, and where appropriate, the transplant coordinator will send us the donor's full name and ID number. We will pay for the tests that are necessary to be done before the surgery to harvest the donor's organ (including x-rays, ECG and blood tests) retrospectively once the transplant surgery has been done.
- TFG Medical Aid Scheme will only approve and pay for **one** donor work-up.
- The donor does not have to be a member of the TFG Medical Aid Scheme. We pay these accounts as an exception process (outside of the normal claims process).
- In the event that the donor later becomes unsuitable, a letter of motivation is required from the treating doctor for review by a clinical panel. We will notify the member of the outcome of the review.

Getting the donor accounts to us so we can pay them correctly
- Make sure the accounts are clearly marked as *"Donor account approved as ex gratia"*
- Ensure that the donor's full name and ID number as well as the recipients TFG Medical Aid Scheme membership number reflects on the account.
- Please email the accounts to us to EXGRATIA_APPROVED_CLAIMS@tfgmedicalaidscheme.co.za

The transplant

The hospitalisation costs for the transplant surgery is paid from the member's Hospital Benefit

We will pay for the transplant procedure in-hospital from the Hospital Benefit. Members can call us on **0860 123 077** for an authorisation number and we will explain the details of payment at the same time.

Post-transplant management

Certain treatment needed after the transplant surgery may also qualify for payment as a Prescribed Minimum Benefit

After the transplant surgery, treatment is required as part of ongoing management of the condition. The condition being treated may be Prescribed Minimum Benefit (PMB) and the treatment may be part of the basket of care for that PMB. This may include tests or investigations, chronic medicine and consultations.

Making sure that the post-surgery treatment is covered as a Prescribed Minimum Benefit

Chronic medicine
Funding for chronic medicine is not automatic. The member will need to apply for funding for chronic medicine and we will approve the request subject to certain criteria that need to be met. A Chronic Illness Benefit application form must be completed and sent back to us by email at CIB_APP_FORMS@tfgmedicalaidscheme.co.za

If the member is already registered on the Chronic Illness Benefit for this condition, we need a copy of the new prescription for the medicine required.

Consultations, tests or investigations
Notify us that the transplant surgery has taken place by emailing PMB_APP_FORMS@tfgmedicalaidscheme.co.za. We will then activate the post-transplant benefit.

Where to get application forms
Members can print the forms off our website at www.tfgmedicalaidscheme.co.za or call us on 0860 123 077 to send the forms to them.

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If we do not approve funding, you may appeal the funding decision by submitting additional clinical information for treatment that falls outside of the benefit definition.

Complaints process

You may lodge a complaint or query with TFG Medical Aid Scheme directly on 0860 123 077 address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the TFG Medical Aid Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance.

Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za

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