



The Bestmed advisor online experience

Use your online profile to get access to:

- New member applications
- Benefit summaries
- View employer groups
- View claims
- Log a new query and view the status of your previous queries
- View members, member plan options, membership status, premiums and advisor commission
- Update brokerage details
- Online Application to submit new member applications and track the status of existing applications submitted

Step 1: Visit the Bestmed website at www.bestmed.co.za

Step 2: Click on the light green Member/Provider Login tile on the far right of your screen

Step 3: Click on the "Advisor login" tile

Step 4: A new window will open, if you have never registered a profile, click on "New user" or enter your username and password to sign in

Step 5: If you are a new user you will need to have your advisor number handy

Step 6: You will be asked to select your preferred verification method (SMS/email)

Step 7: Once you have completed all the required fields you will receive a verification code. You will need to return to the log in screen to verify your profile

Step 8: Once the verification process is complete you can log on with your username and password

bestMed
personally yours

Step 10: Upload supporting documentation

Applicant Details - 17% Dependent Details - 25% Previous Scheme - 2% Contact Details - 0% Medical History - 40% Banking Details - 0% **Supporting Documents** Terms & Conditions

Supporting Documents

If you have any supporting documents to attach to your application, select the type of document, click choose file and browse for your document. Finally click Upload Document. Repeat for multiple supporting documents.

Type of Document:

Type of document	Filename	Date uploaded	Deleted
Personal Medical Certificate	-	-	<input checked="" type="checkbox"/>
Copy of ID Document - MR James King	-	-	<input checked="" type="checkbox"/>
Copy of ID Document 1 - Hogg	-	-	<input checked="" type="checkbox"/>
Additional supporting documents	-	-	<input checked="" type="checkbox"/>

Step 11: Read and accept the terms and conditions

Terms and Conditions

Applicant: MR James King
 Number of dependants: 1
 Children: BRUCE WATSON
 Your partner's monthly premium: R45.00

I hereby declare that:

- I should be enrolled as a member of Bestmed. I shall subject myself to the rules of Bestmed.
- The information furnished herein is completely true and correct to the best of my knowledge and conviction and that I have not omitted or concealed any information I accept that a savings account will be allocated prior to my application.
- I understand that if my application for membership is approved and accepted, the information furnished on my application form will be used as the basis of my application and the payment of benefits in the future.
- I irrevocably hereby grant permission on behalf of myself as well as on behalf of my dependant(s) (if applicable) to any physician, person or party who may be in possession of or obtain information concerning my state of health or that of my dependant(s), treatment received or expected as well as any other relevant information to disclose such information to Bestmed or its proxy on demand, also after my death or that of my dependant(s). I understand that this information together with other information will be used to evaluate the payment of benefits in certain medical conditions. I warrant that I have obtained my dependant(s) consent to grant this authorisation.
- I undertake to pay my share of accounts to Bestmed, on default, I hereby authorise my employer/business to deduct the amount due from my salary or should I resign, I hereby authorise my employer/business to deduct the amount due from my pension or any other monies due to me and pay this over to Bestmed.
- If after or during my admission as a member of Bestmed it is found that any statement or information furnished by me was knowingly and/or willfully inadequate, incomplete or untrue, Bestmed reserves the right to cancel the membership. If such is the case, I agree to refund or full to Bestmed all payments which Bestmed may have made on my behalf and to reimburse any claim to any benefits on my part of Bestmed.
- Any deterioration or change in my state of health or in that of my dependant(s) before the date or event to be set by Bestmed for commencement of membership, or the date of acceptance of this application by Bestmed, or the date of receipt of the first subscription, whichever date is the latest shall entitle Bestmed to reconsider the application and propose new terms of admission.
- I acknowledge that my date of application does not necessarily refer to my date of admission as a member of Bestmed. I further acknowledge that my date of admission will be communicated to me by Bestmed as soon as possible thereafter.
- I hereby consent to my personal health information being processed by Bestmed for the purpose of determining my medical risk profile and to my information being further processed by any managed healthcare partner or any separate entities that provide health-related services, independently or on behalf of Bestmed, for inter alia the purpose of:
 - enabling medical-aid-related programme options on behalf of the member;
 - allowing agents of such managed healthcare partners or independent entities to determine the optimal products and services to be offered to Bestmed members;
 - offering said options, products and services to members with their prior consent.
- I hereby affirm that I am aware that the processing of my personal health information is a mandatory requirement for the existence of a valid medical insurance agreement between the parties and that I am aware of my right to object to the processing and/or further processing of my personal information and of my right to lodge a complaint to the information regulator.

Do you accept the terms and conditions as stated above?

Step 12: Make sure that all tabs are at 100% before attempting to submit the application

Applicant Details - 100% Dependent Details - 100% Previous Scheme - 100% Contact Details - 100% Medical History - 100% Banking Details - 100% Supporting Documents **Terms & Conditions**

Step 13: Select how you would like the one-time pin to be sent to your client to finalise the application submission. The password to send this request is the password you use to login to the advisor portal

Do you accept the terms and conditions as stated above?

OTP Verification


OTP Destination:

Received:


Please note, you also have the the option of completing the application offline. To do this, please select OK. The process of completing your application offline is done when you press the “Copy to Application Form” button on the top right of the screen.


The purpose of this option is to transfer all the information captured on the online application form to an interactive .pdf application form and continue the application process offline. If you select this option, the online application form will be closed, and you will not be able to return to the current online form to complete any outstanding information. Are you sure you want to continue?

Contact Us

 086 000 2378

 brokersupport@bestmed.co.za

 012 472 6760

 www.bestmed.co.za

 @BestmedSocial

 [www.facebook.com/
BestmedMedicalScheme](http://www.facebook.com/BestmedMedicalScheme)

 www.linkedin.com/company/bestmed/

REGIONAL OFFICES

Cape Town:

92 Edward Rd, Bo Oakdale, Cape Town, 7530

KwaZulu-Natal:

Beacon Rock, 21 Lighthouse Rd, Umhlanga, Durban, 4319

Nelspruit:

36 Van Rensburg St, Sonheuwel Central, Mbombela, 1201

Gqeberha:

142 Cape Rd, Mill Park, Gqeberha, 6001

Limpopo:

Tobara Place Unit 3, 9 Watermelon street, Outspan Dr,
Bendor Ext 59, Polokwane, 0699

Welkom:

325 Staatsweg, Welkom Central, Welkom, 9460

WALK-IN FACILITY

Block A, Glenfield Office Park,
361 Oberon Avenue,
Faerie Glen, Pretoria, 0081, South Africa

POSTAL ADDRESS

P. O. Box 2297, Arcadia,
Pretoria, 0001, South Africa

HOSPITAL AUTHORISATION

Tel: 080 022 0106

E-mail: authorisations@bestmed.co.za

CHRONIC MEDICINE

Tel: 086 000 2378

Email: medicine@bestmed.co.za

Fax: 012 472 6760

CLAIMS

Tel: 086 000 2378

Email: service@bestmed.co.za (queries)

claims@bestmed.co.za (claim submissions)

ER24 (EMERGENCY EVACUATION)

Tel: 084 124

INTERNATIONAL TRAVEL COVER (EUROP ASSISTANCE)

Tel: 0861 383 333

Claims and emergencies: assist@europassistance.co.za

Travel registrations: bestmed-assist@linkham.com

MATERNITY CARE

Tel: 012 472 6797

E-mail: maternity@bestmed.co.za

BESTMED HOTLINE, OPERATED BY KPMG

Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to KPMG.

Hotline: 080 111 0210 toll-free from Telkom lines

Hotfax: 080 020 0796

Hotmail: fraud@kpmg.co.za

Postal: KPMG Hotpost at BNT 371
P. O. Box 14671,
Sinoville, 0129,
South Africa