SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care



STAKEHOLDER ESCALATION ASSIST WORKFLOW POINTS OF CONTACT

GUIDE

We want to ensure you get fast, reliable support when you need it most. Use this escalation guide to connect directly with the right team and resolve your queries without delay.

Sizwe Hosmed Important Points of Customer Contact

We're Here
We're Operating

WE'RE HERE. WE'RE OPERATING.

AND WE'RE ENHANCING HOW WE SERVE YOU.

For 85 years, Sizwe Hosmed has been part of South Africans' healthcare journeys. Today, we are entering a new chapter - strengthening the Scheme, embracing technology and enhancing the way we serve our members.

Sizwe Hosmed Important Points of Customer Contact

Customer Service Contact Centre: 0860 100 871
Email: queries@sizwehosmed.co.za

Medical Emergencies and Ambulance Call: 082 911	**Chronic Disease, Application, and script updates** Email: chronic@sizwehosmed.co.za
Claims Email: claims@sizwehosmed.co.za	**CDL Conditions** Email: wellnessqueries@sizwehosmed.co.za
Membership Email: membership@sizwehosmed.co.za	**HIV & Wellness** Email: wellcare1@sizwehosmed.co.za
GP to Specialist Referral Email: primary.referrals@sizwehosmed.co.za	**Pre-Authorisation** Email: authorisations@sizwehosmed.co.za
Maternity Programme Email: bambino@sizwehosmed.co.za	**Oncology (Cancer)** Email: oncology@sizwehosmed.co.za
Dental Risk Company – Call 087 943 9611 Email: enquiries@dentalrisk.com	**Optometry (Isoleso) – Call 011 340 9200** Email: Sizwehosmed@isoleso.co.za
Report Fraud or Suspected Fraud Call 0800 212 150 Email: fraud@sizwehosmed.co.za	

Sizwe Hosmed provides valued stakeholders with this escalation path to ensure transparency, prevent delays, and make sure you always get the responsiveness you deserve. To help us serve you best, please follow the escalation steps in order and avoid copying multiple points of entry, as this helps us track and respond quickly.

Membership

Submit or enquire upon documents related to applications, change of dependants, update contact or bank details, member card requests, membership certificates.

Send to	(receive a reference number)
membership@sizwehosmed.co.za	Allow 3 to 5 workflow processing days
Julie.Reddy@sizwehosmed.co.za	Escalation point if not completed within workflow timeline. Allow 3 to 5 investigative days

Contribution Reconciliation and Billing

Submit or enquire upon documents related to group or direct paying member contributions. Employer monthly billing statements or Member Savings Account Refund status.

Send to	(receive a reference number)
reconqueries@sizwehosmed.co.za	Allow 3 to 5 workflow processing days
Julie.Reddy@sizwehosmed.co.za	Escalation point if not completed within workflow timeline. Allow 3 to 5 investigative days

Claim Submission or enquiry

Submit or enquire upon documents related to member claim refunds or enquiries.

Send to	(receive a reference number)
claims@sizwehosmed.co.za	Allow 3 to 5 workflow processing days
Cecilia.Higgins@sizwehosmed.co.za	Escalation point if not completed within workflow timeline. Allow 3 to 5 investigative days

Pre-Authorisation Submission or enquiry

Submit or enquire upon documents related to a request for authorisation.

Send to	(receive a reference number)
authorisations@sizwehosmed.co.za Call: 0860 010 1176	Allow 3 to 5 workflow processing days Call to speak to preauthorisations department for clinical expertise on authorisations
casemanescalations@sizwehosmed.co.za	Escalation point if not completed within workflow timeline. Allow 3 to 5 investigative days

Commission enquiry

Request or enquire about broker commission statements, member appointments and broker accreditation.

Send to	(receive a reference number)
brokers@sizwehosmed.co.za	Allow 3 to 5 workflow processing days
Sicelo.Mbambo@sizwehosmed.co.za	Escalation point if not completed within workflow timeline. Allow 3 to 5 investigative days

Office of Management and Executive

Should the departmental points of submission and subsequent escalation contact fail to respond, the complete record of submission and reference numbers may be submitted to the office of Management and Executive responsible for the specific area of concern.

	Send to	(receive a reference number)
Operations Executive	maphelo.magodla@sizwe-hosmed.co.za	Allow 3 to 5 investigative days
MHC Executive	Zaheen.Omar@sizwe-hosmed.co.za	Allow 3 to 5 investigative days
Broker and Business Development	Dudu.Modah@sizwehosmed.co.za	Allow 3 to 5 investigative days

General

Please include your name, membership number, and a brief description of your request in the email subject line. For claims and refund requests, attach the original claim, treatment date, provider details, and proof of payment or reference numbers. If you also need to update your bank details, send those directly to the membership department to avoid processing delays.

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Thank you for considering Sizwe Hosmed as your healthcare partner.

Your health journey is of utmost importance to us, and we are here to guide you every step of the way.

Visit: www.sizwehosmed.co.za



The benefits and contributions reflected in this publication will only be valid once approved by the Registrar of Medical Schemes.