

**Benefit
Summary
2023**



PACE2

PACE2 OPTION

**COMPREHENSIVE COVER
(IN- AND OUT-OF-HOSPITAL)**

Recommended for?

Those seeking comprehensive in-hospital and out-of-hospital benefits as well as extensive day-to-day benefits to cover extensive out-of-hospital expenses.

Contribution range

Principal member	Adult dependant	Child dependant
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Risk amount

R5 643	R5 534	R1 245
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Medical savings account

R919	R901	R202
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Total monthly contribution

R6 562	R6 435	R1 447
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*You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

Children under the age of 24 and registered students up to the age of 26 years qualify for child dependant rates.

PACE2 OPTION

COMPREHENSIVE COVER (IN- AND OUT-OF-HOSPITAL)

Savings account/Day-to-day benefits

Savings account available.
Day-to-day benefits are available.

Method of benefit payment

On the Pace2 option in-hospital benefits are paid from the Scheme risk. Some out-of-hospital benefits are paid from the annual savings first and once depleted will be paid from the day-to-day benefit. Once the day-to-day benefit is depleted, claims can be paid from the available vested savings. Some preventative care benefits are available from the Scheme risk benefit.

Benefits relating to conditions that meet the criteria for Prescribed Minimum Benefits (PMBs) will be covered in full when using designated service providers (DSPs). This will not affect your savings (annual or vested).

In-hospital benefits

Note:

- Members are required to obtain pre-authorisation for all planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, the member, their representative or the hospital must notify Bestmed of the member's hospitalisation as soon as possible or on the first working day after admission to hospital.
- Clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.

MEDICAL EVENT

SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

100% Scheme tariff.

Take-home medicine

100% Scheme tariff.
Limited to 7 days' medicine.

Treatment in mental health clinics

100% Scheme tariff.
Limited to 21 days per beneficiary.

Treatment of chemical and substance abuse

100% Scheme tariff.
Limited to 21 days or R35 573 per beneficiary. Subject to network facilities.

Consultations and procedures

100% Scheme tariff.

Surgical procedures and anaesthetics

100% Scheme tariff.

Organ transplants

100% Scheme tariff. (PMBs only)

Major medical maxillo-facial surgery strictly related to certain conditions

100% Scheme tariff.

Dental and oral surgery (In- or out of hospital)

Limited to R14 779 per family.

Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)

100% Scheme tariff.
Limited to R127 646 per family.

MEDICAL EVENT

Prosthesis – Internal

Note: Sub-limit subject to the overall annual prosthesis limit.

***Functional: Items utilised towards treating or supporting a bodily function.**

SCHEME BENEFIT

Sub-limits per beneficiary:

- *Functional limited to R36 000.
- Vascular R65 000.
- Pacemaker (dual chamber) R68 989.
- Spinal including artificial disc R63 993.
- Drug-eluting stents R20 926.
- Mesh R20 926.
- Gynaecology/Urology R15 628.
- Lens implants R13 419. a lens per eye.
- Joint replacements:
 - Hip replacement and other major joints R57 479.
 - Knee replacement R66 700.
 - Other minor joints R24 783.

Prosthesis – External

Limited to R30 080 per family. DSPs apply. Includes artificial limbs limited to 1 limb every 60 months.

Orthopaedic and medical appliances

100% Scheme tariff.

Pathology

100% Scheme tariff.

Basic radiology

100% Scheme tariff.

Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies).

100% Scheme tariff.

Oncology

Oncology programme. 100% of Scheme tariff. Subject to pre-authorization and DSP.

Peritoneal dialysis and haemodialysis

100% Scheme tariff. Subject to pre-authorization and DSPs.

MEDICAL EVENT

Confinements (Birthing)

SCHEME BENEFIT

100% Scheme tariff.

Mammary surgery on the unaffected (non-cancerous) breast of a breast cancer patient

100% Scheme tariff for reconstructive surgery (which may include symmetrising, partial or total mastectomy etc.) on the unaffected (non-cancerous) breast of a breast cancer patient. The benefit is limited to R40 476 and is subject to pre-authorization.

Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)

100% Scheme tariff. Subject to pre-authorization and protocols. Limited to R10 331 per eye.

HIV/AIDS

100% Scheme tariff. Subject to pre-authorization and DSPs.

Midwife-assisted births

100% Scheme tariff.

Supplementary services

100% Scheme tariff.

Alternatives to hospitalisation

100% Scheme tariff.

Palliative and home-based care in lieu of hospitalisation

100% Scheme tariff, limited to R126 840 per beneficiary per annum. Subject to available benefit, pre-authorization and treatment plan.

Day procedures at a day-hospital facility

Day procedures at DSPs and/or day-hospitals will be funded at 100% network or Scheme tariffs. Voluntary use of non-DSP specialists and acute hospitals will result in a co-payment of R2 500.

MEDICAL EVENT

International travel cover

SCHEME BENEFIT

- Leisure Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 90 days, with R3 million for a family i.e. member and dependants.
 - Business Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 45 days, with R3 million for a family i.e. member and dependants.
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Out-of-hospital benefits

Note:

- Some indicated benefits are paid from the annual savings at 100% Scheme tariff.
- Once the annual savings account is depleted benefits will be paid from Scheme risk at 100% Scheme tariff (limits apply).
- Should you not use all of the funds available in your savings account these funds will be transferred into a vested savings account after 5 months and will remain your property.
- Any vested credit in your vested savings account may be used for out-of-hospital expenses that are not covered by the Scheme, or should you, for instance, have reached your out-of-hospital or day-to-day overall annual limit or the sub-limits as indicated in your benefit guide.
- Clinical funding protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Members are required to obtain pre-authorisation for all planned treatments and/or procedures.
- If you have a treatment plan for a registered Chronic Disease List (CDL) and/or Prescribed Minimum Benefit (PMB) condition/s, the services in the treatment plan will pay from the applicable day-to-day limit first. Once the limit is depleted, claims will continue to be paid from Scheme risk, up to the maximum specified in the treatment plan.

MEDICAL EVENT

SCHEME BENEFIT

Overall day-to-day limit

M = R15 000, M1+ = R30 000.

FP and specialist consultations

Savings first.
Limited to M = R4 579, M1+ = R9 280.
(Subject to overall day-to-day limit)





MEDICAL EVENT

SCHEME BENEFIT

Diabetes primary care consultation

100% of Scheme tariff subject to registration with HaloCare.
2 primary care consultations at Dis-Chem Pharmacies.
Paid first from the "FP and specialist consultations" day-to-day benefit, thereafter Scheme risk.

Basic and specialised dentistry

Savings and then from day-to-day limit. Limited to M = R7 628, M1+ = R15 256. (Subject to overall day-to-day limit)

Orthodontic dentistry

Savings first. 100% Scheme tariff. Subject to pre-authorisation. Limited to R7 399 per event for beneficiaries up to 18 years of age. Subject to overall day-to-day limit.

Medical aids, apparatus and appliances

Savings first. Limited to R11 509 per family. Includes repairs to artificial limbs. (Subject to overall day-to-day limit)

Continuous/Flash Glucose Monitoring (CGM/FGM)

Refer to medical aids, apparatus and appliances limit listed above.

Wheelchairs

Limited to R15 564 per family every 48 months.

Hearing aids

Limited to R31 716 per beneficiary every 24 months subject to pre-authorisation.

Supplementary services

Savings first. Limited to M = R3 500, M1+ = R7 000. (Subject to overall day-to-day limit)

Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)

Savings first. Limited to R7 176 per family. (Subject to overall day-to-day limit)

MEDICAL EVENT

Optometry benefit (PPN capitation provider)

SCHEME BENEFIT

Benefits available every 24 months from date of service.

Network Provider (PPN)

- Consultation - 1 per beneficiary.
- Frame = R1 040 covered AND
- 100% of cost of standard lenses (single vision OR bifocal OR multifocal) AND Lens enhancement = R750 covered OR
- Contact lenses = R2 010 OR

Non-network Provider

- Consultation - R365 fee at non-network provider
 - Frame = R780 AND
 - Single vision lenses = R215 OR
 - Bifocal lenses = R460 OR
 - Multifocal lenses = R982.50
 - Lens enhancement = R750 covered
- In lieu of glasses members can opt for contact lenses, limited to R2 010

Basic radiology and pathology

Savings first.
Limited to M = R3 596, M1+ = R7 194.
(Subject to overall day-to-day limit)

Specialised diagnostic imaging (Including MRI scans, CT scans, isotope studies and PET scans).

MRI/CT scans: Maximum of 3 scans per beneficiary. PET scan: 1 scan per beneficiary. Subject to pre-authorisation.

Rehabilitation services after trauma

100% Scheme tariff.

HIV/AIDS

100% Scheme tariff. Subject to pre-authorisation and DSPs.

Oncology

Oncology programme. 100% of Scheme tariff. Subject to pre-authorisation and DSP.

Peritoneal dialysis and haemodialysis

100% Scheme tariff. Subject to pre-authorisation and DSPs.



Medicine

- Note: Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP)
- Members will not incur co-payments for PMB medications that are on the formulary for which there is no generic alternative.
- Approved PMB biological and non-PMB biological medicine costs will be paid from the Biological limit first. Once the limit is depleted, only PMB biological medicine costs will continue to be paid unlimited from Scheme risk.

BENEFIT DESCRIPTION

SCHEME BENEFIT

CDL and PMB chronic medicine*

100% Scheme tariff. Co-payment of 20% for non-formulary medicine.

Non-CDL chronic medicine*

20 conditions. 90% Scheme tariff. Limited to M = R10 000 M1+ = R20 000. Co-payment of 20% for non-formulary medicine.

Biological medicine

Limited to R182 977 per beneficiary.

Other high-cost medicine

100% Scheme tariff.

Acute medicine

Savings first. Limited to M = R3 000, M1 + = R6 000. (Subject to overall day-to-day limit)

Over-the-counter (OTC) medicine

**Member choice:
 1. R1 057 OTC limit per family OR
 2. Access to full savings for OTC purchases (after R1 057 limit) = self-payment gap accumulation. Includes sunscreen, vitamins and minerals with nappi codes on Scheme formulary. Subject to the available savings.

* Please note that approved Chronic Disease List (CDL), Prescribed Minimum Benefit (PMB) and non-Chronic Disease List (non-CDL) chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

Approved medicine for the following conditions are not subject to the Chronic medicine limit: organ transplant, chronic renal failure, multiple sclerosis and haemophilia. Medicine claims will be paid directly from Scheme risk.

**The default OTC choice is 1. R1 057 OTC limit per family. Members wishing to choose the other option are welcome to contact Bestmed.

Chronic conditions list

CDL

CDL 1 Addison's disease

CDL 2 Asthma

CDL 3 Bipolar mood disorder

CDL 4 Bronchiectasis

CDL 5 Cardiac failure

CDL 6 Cardiomyopathy

CDL 7 Chronic obstructive pulmonary disease (COPD)

CDL 8 Chronic renal disease

CDL 9 Coronary artery disease

CDL 10 Crohn's disease

CDL 11 Diabetes insipidus

CDL 12 Diabetes mellitus type 1

CDL 13 Diabetes mellitus type 2

CDL 14 Dysrhythmias

CDL 15 Epilepsy

CDL 16 Glaucoma

CDL 17 Haemophilia

CDL 18 HIV/AIDS

CDL 19 Hyperlipidaemia

CDL 20 Hypertension

CDL 21 Hypothyroidism

CDL 22 Multiple sclerosis

CDL 23 Parkinson's disease

CDL

CDL 24 Rheumatoid arthritis

CDL 25 Schizophrenia

CDL 26 Systemic lupus erythematosus (SLE)

CDL 27 Ulcerative colitis

NON-CDL

Non-CDL 1 Acne - severe

Non-CDL 2 Allergic rhinitis

Non-CDL 3 Alzheimer's disease

Non-CDL 4 Ankylosing spondylitis

Non-CDL 5 Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)

Non-CDL 6 Autism

Non-CDL 7 Collagen diseases

Non-CDL 8 Dermatomyositis

Non-CDL 9 Eczema - severe

Non-CDL 10 Gastro oesophageal reflux disease (GORD)

Non-CDL 11 Gout prophylaxis

Non-CDL 12 Major depression*

Non-CDL 13 Migraine prophylaxis

Non-CDL 14 Neuropathy

Non-CDL 15 Obsessive compulsive disorder

Non-CDL 16 Osteoarthritis

Non-CDL 17 Osteoporosis

Non-CDL 18 Paget's disease

NON-CDL

Non-CDL 19 Psoriasis

Non-CDL 20 Urinary incontinence

* Approved medicine claims will continue to be paid from Scheme risk once the non-CDL limit is depleted.

PMB

PMB 1 Aplastic anaemia

PMB 2 Benign prostatic hypertrophy

PMB 3 Cerebral palsy

PMB 4 Chronic anaemia

PMB 5 COVID-19

PMB 6 Cushing's disease

PMB 7 Cystic fibrosis

PMB 8 Endometriosis

PMB 9 Female menopause

PMB 10 Fibrosing alveolitis

PMB 11 Graves' disease

PMB 12 Hyperthyroidism

PMB 13 Hypophyseal adenoma

PMB 14 Idiopathic thrombocytopenic purpura

PMB 15 Paraplegia/Quadriplegia

PMB 16 Polycystic ovarian syndrome

PMB 17 Pulmonary embolism

PMB 18 Stroke

Preventative care benefits

Note: Benefits mentioned below may be subject to pre-authorisation, clinical protocols, preferred providers (PPs), designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Flu vaccines	All ages.	1 per beneficiary per year.	Applicable to all active members and beneficiaries.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	Adults: The Scheme will identify certain high-risk individuals who will be advised to be immunised.
Travel vaccines	All ages.	Quantity and frequency depending on product up to the maximum allowed amount.	Mandatory travel vaccines for typhoid, yellow fever, tetanus, meningitis, hepatitis and cholera from Scheme risk benefits.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Baby growth and development assessments	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic.
Female contraceptives	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount.	Limited to R2 550 per beneficiary per year. Includes all items classified in the category of female contraceptives.
Intrauterine device (IUD) insertion	All females of child-bearing age.	1 device every 5 years.	Consultation and procedure by a gynaecologist or FP.
Back and neck preventative programme	All ages.	Subject to pre-authorisation.	Preferred providers (DBC/Workability Clinics). This is a preventative programme with the objective of preventing back and neck surgery. The Scheme may identify appropriate participants. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider. Use of this programme is in lieu of surgery.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Preventative dentistry	Refer to preventative dentistry section on p.15 for details.		
Mammogram	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
PSA screening	Males 50 years and older.	Once every 24 months.	Can be done at a urologist, FP or network pharmacy clinic. Consultation paid from the available savings/consultation benefit.
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Bone densitometry	All beneficiaries 45 years and older.	Once every 24 months.	
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, FP or pharmacy clinic. Consultation paid from the available savings/consultation benefit.

Disclaimer: General and option specific exclusions apply. Please refer to www.bestmed.co.za for more details.

Midwife-assisted births are covered at 100% of Scheme tariff on all Pace options.



BESTMED TEMPO WELLNESS PROGRAMME

Note: Completing your Health Assessment (HA) unlocks the other Bestmed Tempo benefits.

The Bestmed Tempo wellness programme is focused on supporting you on your path to improving your health and realising the rewards that come with it. To ensure you achieve this, you will have access to the following benefits:

Tempo Health Assessment (HA) for adults (beneficiaries 16 years and older) which includes one of each of the following per year per adult beneficiary:

- The Tempo lifestyle questionnaire
- Blood pressure check
- Cholesterol check
- Glucose check
- HIV screening
- Height, weight and waist circumference

These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.

Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older):

Fitness

- 1 x (face-to-face) fitness assessment at a Tempo partner biokineticist
- 1 x follow-up (virtual or face-to-face) consult to obtain your personalised fitness/exercise plan from the Tempo partner biokineticist

These fitness benefits are intended to assist you on your Tempo Get Active Journey.

Nutrition

- 1 x (face-to-face) nutrition assessment at a Tempo partner dietitian
 - 1 x follow-up (virtual or face-to-face) consult to obtain your personalised healthy-eating plan from the Tempo partner dietitian
- These nutrition benefits are intended to assist you on your Tempo Nutritional Health Journey.

Emotional Wellness Journey:

This journey was developed by qualified psychologists and healthcare providers, and will assist you to identify and manage your emotions and the affect they have on your mental health. This Journey provides you with access to:

- lifestyle related information that will help you deal with life's changes and curve balls.
- practical challenges that will enable you to practice the new skills you have to acquire to progress from your current emotional and mental state to your desired state.

Disclaimer: General and option specific exclusions apply. Please refer to www.bestmed.co.za for more details.

PREVENTATIVE CARE BENEFITS

Maternity benefits

100% Scheme tariff. Subject to the following benefits:

Consultations:

- 9 antenatal consultations at a FP OR gynaecologist OR midwife.
- 1 post-natal consultation at a FP OR gynaecologist OR midwife.

Ultrasounds:

- 1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist.
- 1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist.

Supplements:

- Any item categorised as a maternity supplement can be claimed up to a maximum of R127 per claim, once a month, for a maximum of 9 months.

Disclaimer: General and option specific exclusions apply. Please refer to www.bestmed.co.za for more details.

Maternity care programme

Finding out you are pregnant comes with a whole lot of emotions, questions and information. Sometimes just knowing where to start and which information you can trust can be a challenge.

Pregnant members and dependants have access to the Maternity care programme. The programme provides comprehensive information and services and was designed with the needs of expectant parents and their support network in mind. We aim to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete your registration, a consultant will contact you. If your pregnancy is associated with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact service@bestmed.co.za.

How to register:

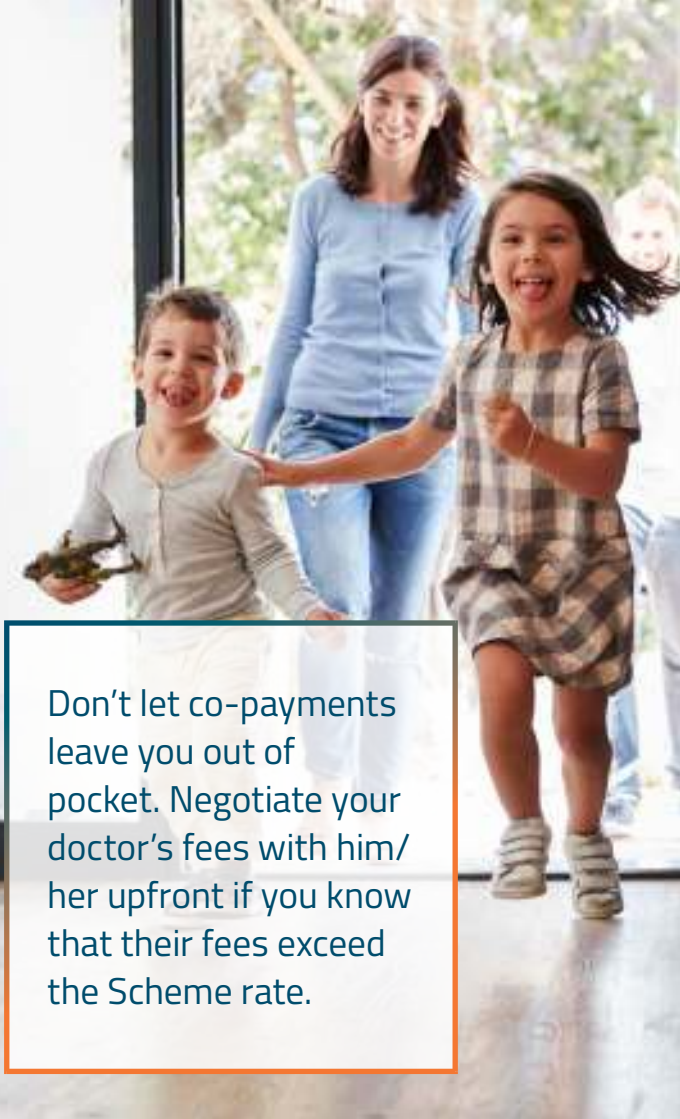
Send an email to maternity@bestmed.co.za or call us on 012 472 6797. Please include your medical scheme number and your expected delivery date in the email.

After registration on the Maternity care programme, you will also receive the Bestmed Maternity care programme registration confirmation letter, indicating all necessary information as stated below:

Our third-party service provider, DLA, will be in contact within the next two to three weeks via email, requesting you to complete a registration form. Keep an eye on your inbox (including the spam folder) for this email. Completing this form will ensure you are registered on their database to ensure you receive maternity information, additional support if the pregnancy is identified as a high-risk pregnancy and a gift on behalf of Bestmed after 14 weeks gestation. DLA will guide you through the process of selecting a gift.

The registration form and gift selection form must be returned to DLA directly. The maternity gift will only be sent after week 14 of your pregnancy.

Registration also provides you with access to a 24-hour medical advice line and benefits through each phase of your pregnancy.



Preventative dentistry

Note:

Services mentioned below may be subject to pre-authorisation, clinical protocols and funding guidelines.

DESCRIPTION OF SERVICE	AGE	FREQUENCY
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment for the visit)	12 years and above. Under 12 years.	Once a year. Twice a year.
Full-mouth intra-oral radiographs	All ages.	Once every 36 months.
Intra-oral radiograph	All ages.	2 photos per year.
Scaling and/or polishing	All ages.	Twice a year.
Fluoride treatment.	All ages.	Twice a year.
Fissure sealing	Up to and including 21 years.	In accordance with accepted protocol.
Space maintainers	During primary and mixed denture stage.	Once per space.

Disclaimer: General and option-specific exclusions apply.
Please refer to www.bestmed.co.za for more details.

Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; NPWT = Negative Pressure Wound Therapy; PET Scan = Positron Emission Tomography Scan; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen; PMB = Prescribed Minimum Benefit.

Don't let co-payments leave you out of pocket. Negotiate your doctor's fees with him/her upfront if you know that their fees exceed the Scheme rate.

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HOSPITAL AUTHORISATION

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Email: 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)

MATERNITY CARE

Tel: 012 472 6797
Email: maternity@bestmed.co.za

**INDIVIDUAL CLIENTS APPLYING FOR NEW MEMBERSHIP AFTER THE FINAL DEBIT ORDER CLOSING DATE, WILL BE SUBJECT TO REGISTRATION DATE CHANGE.
PLEASE CONSULT YOUR ADVISOR OR BESTMED FOR MORE INFORMATION.**

For a more detailed overview of your benefit option and to receive a membership guide please contact service@bestmed.co.za.

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Please visit www.bestmed.co.za for the complete liability and responsibility disclaimer for Bestmed Medical Scheme as well as well as the latest Scheme Rules.

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WALK-IN FACILITY

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Claims and emergencies: assist@europassistance.co.za
Travel registrations: bestmed-assist@linkham.com

PMB

Tel: 086 000 2378
Email: pmb@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 any Telkom line
Hotfax: 080 020 0796
Hotmail: fraud@kpmg.co.za
Postal: KPMG Hotpost, at BNT 371,
PO Box 14671, Sinoville,
0129, South Africa

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