

YOUR PRACTICE MAY BE BUSY—BUT ARE YOU BEING PAID CORRECTLY?

Why accurate coding matters:

Even small coding errors can have serious consequences.

Each code determines how much a medical scheme will pay, and incorrect or missing codes can lead to rejected or under-paid claims, directly impacting cash flow.

Beyond revenue, accurate coding plays a vital role in patient care by creating a clear and reliable medical history, which supports continuity of care and

better clinical decision making.

Codes must also accurately reflect what took place during treatment, as inaccuracies, especially overcoding, can be flagged as fraud, even if unintentional.

In addition, failure to meet coding standards can result in audits and financial clawbacks of up to three years, along with potential reputational damage.

Accuracy isn't optional:

Proper coding ensures:

- You are paid correctly and consistently
- Your practice remains compliant
- Your patient data tells the right story

Small coding mistakes don't stay small. They quietly impact your revenue, compliance, and efficiency, day after day.

Getting it right isn't just about admin. It's about running a healthier, more profitable practice. In short: accuracy protects both your income and your integrity.



Ethical billing meets expertise:

For us, compliance and ethical billing are non-negotiable. We are committed to ensuring that all coding accurately reflects the services provided, without any risk of over-coding. To support this, we have a dedicated medical coding specialist, Benita Naidoo. She works closely with both our internal teams and clients, guiding practices in the correct application of tariff codes and preventing errors such as unbundling.

We also have an exceptional medical accounts manager, Roxanne Fouche, with over a decade of experience in practice management. She plays a key role in optimising your billing processes and supporting sustainable, long-term growth for your practice.

We also provide tailored billing guides for each medical scheme, helping practices stay up to date with scheme-specific rules, coding changes, and industry regulations.

This proactive, education-driven approach reduces the risk of claim rejections, audits, and non-compliance.

Ultimately, our focus is on maintaining integrity in billing, ensuring every claim is accurate, compliant, and defensible, while enabling practices to receive fair reimbursement for the care they deliver.



Roxanne Fouche
Medical Accounts Manager

Benita Naidoo
Medical Coding Specialist

CODING ACCURACY ISN'T JUST ADMIN, IT'S A FINANCIAL STRATEGY.



Best practices for better results:

A few key habits can dramatically improve your outcomes:



1. PRIORITISE PROPER DOCUMENTATION

If it's not documented, it didn't happen.

Detailed records:

- Support claims
- Protect against audits
- Ensure quality patient care



2. STAY UPDATED

Coding guidelines change constantly.

Keep tariffs and codes aligned with the latest industry updates.



3. GET PATIENT INFORMATION RIGHT

Incorrect details can delay or reject claims before they even begin.



4. SUBMIT CLAIMS CORRECTLY AND ON TIME

- Follow funder submission deadlines
- Comply with Regulation 5 of the Medical Schemes Act
- Track and fix rejected claims quickly

Don't worry if this feels overwhelming. We're here to help you ensure your practice turns patient care into revenue the right way, consistently, compliantly, and with confidence.

Want to schedule a book audit?
Get in touch with your relationship manager.

