DEFMIS

DEFENCE FORCES MEDICAL INSURANCE SCHEME

MEMBERS' GUIDELINES

DEFMIS CONTACTS
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*456*9*5*5# - Promotional messages unlocking code

Your Health care Partner in Retirement

Dear Esteemed Member

Welcome to the Kenya Defence Forces medical Insurance Scheme (DEFMIS). The card that you have been issued with certifies that you are a fully paid-up member and you may now start accessing medicare as stipulated in our Trust Deed. You will be required to carry it with you whenever you seek treatment and produce it at the receptions of the scheme's accredited hospitals. Unless otherwise directed, you will seek treatment as a hospital patient and not directly from a specialist. Visit our website defmis.org for a list of accredited hospitals.

At the hospital's reception/accident and emergency centre you will be required to duly fill Part I of the DEFMIS claim form and be sure to sign in order to facilitate payment for the services rendered to the institution promptly. **Each dependant has his/her own card and are the only persons authorized to receive treatment**. Ensure they fully understand this obligation. Failure to observe these provisions may render you liable to meet your treatment expenses.

The medical cover takes care of you and your spouse for life. Your children, who must be single, are covered up to their 21st birthday after which they cease to be members, regardless of their marital status or whether or not they are still school-going.

For in-patient health care, the scheme shall pay 100% of the legitimate bills incurred by you during your hospitalization provided that the total payment with respect to you and your dependants in one calendar year shall be subject to a maximum of Kenya Shillings Two Million (Shs 2,000,000/=). The scheme pays for general ward bed only. You will be required to pay for any extra costs for a suite, private wing or other preferential treatment. During admission the hospital must inform the scheme for pre-authorisation. During the same time you are expected to know your limits because any extra bill beyond limits must be paid to the hospital by the members.

All inpatient cases must be with approval of DEFMIS through pre-authorization letters which the hospital will seek (Except in cases of accident or acute medical emergency). In cases of accidents or acute medical emergency, the hospital will inform the Trust within 24 hours. Thereafter, the hospital will send a report on the third and seventh day then weekly if hospitalization continues.

For out-patient healthcare, the scheme shall pay 75% of legitimate bills incurred by you or your dependant while you shall be responsible for 25% of the total bill provided that the total payment with respect to you and your dependants in any given calendar year shall be subject to a maximum of Shillings Four Hundred Thousand (Shs 400,000/=).

Should you fall sick at an area where there are no accredited hospitals, you may seek treatment at any healthcare facility available, provided that you have contacted the MD or any member of the Management Team. It is mandatory that when you fall sick, you be seen by a General Practitioner (GP) doctor who will in turn recommend you for further treatment.

Kindly note that a member who becomes aware of the death of any other member has a responsibility of reporting such death to the Scheme.

PROCEDURES FOR ATTENDING TO DEFMIS PATIENTS AND EXCLUSIONS

1. The hospital shall positively identify the members of the Trust (Scheme) before providing medical services by use of:-

(a) The schemes New membership card

(b) National ID card.

Note. Each dependant has his/her own card with the owners picture, id card/birth certificate number and expiry dates on the children's cards. The cards must be produced for identification purposes.

2. Verification of members is through biometrics or an OTP (One time password) that is sent to a member's mobile number (* Kindly update new or replaced mobile numbers with DEFMIS). Every visit to hospital must be cleared using One Time Password. The clearance is done after the patient has been treated and he or she is about to leave the hospital. It applies to both inpatient and outpatient visits. Please note that you will receive two tokens for every visit, a 4 digit token at the start of treatment and a 5 digit clearance token before you leave the hospital, then you will receive a clearance confirmation message. Please ensure that you are cleared after every visit to avoid inconveniences during the next visit. For more information on verification at the hospital, kindly call us on 0793531197.

3. All patients will be seen as Hospital patients.

4. All patients are required to pay 25% of the total outpatient bill which must be reflected on the invoice and receipt attached. For all inpatients and day case procedures done under general anaesthesia, the scheme will pay 100% of the bill.

5. All day case procedures done under local anaesthesia will require the client to pay 25% of the total bill.

6. After receiving the medical services, the client is required to sign the invoice as a confirmation that it is correct and ensure the hospital attaches clear copies of both sides of the DEFMIS card of the patient and a copy of the national ID card of the patient and in case of a child an ID copy of the contributor, spouse or of the child if one has an ID.

7. The Trust will be notified of admissions of its members on admission by phone call within 24 hours upon admission. Pre-authorization form is to be filled immediately and send to DEFMIS for a letter of undertaking processing.

8. In case a patient has to be moved to another healthcare facility, the Trust is to be informed. Please note that the insurance does **NOT** cover the cost of ambulance unless it is an emergency and you must seek authority from DEFMIS for approval.

9.EXCLUSIONS

The benefits under the fund do not include the following situations and scenarios and no payment shall be made from the Fund thereof:

(a) Treatment abroad unless sanctioned by the Board of Trustees.

(b) Services rendered in facilities not accredited except in emergencies.

(c) Self induced or inflicted conditions or injuries.

(d) Cosmetic or plastic surgery unless certified by a doctor to be medically beneficial and approved by the Board of Trustees.

(e) General routine check-ups for information only not incidental to or necessary for diagnosis of a medical condition.
(f) Funeral and testamentary expenses in respect of deceased member.
(g) Injuries sustained in furtherance of a crime.
(h) Use of hospitals and health care facilities as old people's home, hospice, sanatorium or a place of recovery or convalescence of invalids or as hotel or residence with a view to getting comfort.
(I) Refund of a members contributions or part thereof in case in lieu of medical service save as expressively authorized by these Rules.
(j) Loans to members whatsoever.
(k) Sunglasses.
(l) Contraceptives.
(m) Slimming tablets.
(n) Travel expenses.
(o) Sexual performance enhancement drugs.
(p) Wilful non-compliance to doctors prescribed treatment.
(q) Caesarean section except when recommended by a doctor.
(r) Ante-natal and post natal care.
(s) Dental cosmetics and dentures.

PROCEDURES FOR OVERSEAS TREATMENT

The following guidelines stipulate the requirements to be met when seeking/processing request for overseas treatment.

1.A member shall forward a letter of request to DEFMIS addressed to the Trustees and attach the following documents:
(a) 1st opinion letter of case introduction from primary doctor or hospital.
(b) 2nd opinion expert advice from relevant consultant.
(c) 3rd opinion comment from admitting overseas hospital, with cost implications.

2.DEFMIS will prepare a brief for the Assistant Chief of Defence Forces in-charge of Personnel and Logistics (ACDF P & L) for convening the Medical Advisory Committee (MAC) meeting. The Membership of MAC is stipulated in the Trust Deed.
(a) The outcome of the MAC meeting is forwarded to DEFMIS for communication to member.
(b) Accepted cases are forwarded to the Trustees for funding approval.
(c) Members will be informed on cases that have not been approved.
(d) Funds are prepared and forwarded to the relevant hospital, member will be informed accordingly.
(e) Member departs for treatment.

3.Time factor should be considered when applying for authorization.
(a) Stable cases will be processed within one month.
(b) Urgent cases are forwarded to the Trustees promptly.

4. The Trust Deed does not provide for post facto (refunds after treatment/management) refunds.