

Cimas MEDICAL AID SOCIETY INFORMATION BULLETIN



25 August 2015

To: All Members

UPDATE ON ON-LINE DRUG FACILITY

Cimas would like to advise its members that since the suspension of the on-line drug facility due to fraudulent activities, the Society has made great strides to ensure that the facility is secured and restored. The facility will be re-introduced through an upgraded online system within the next few months. Once restored, we will adopt a One Time Pin (OTP) system. Members will receive a different pin number to their registered phone each time when purchasing drugs at the pharmacy which they will use to close a purchase.

Members are therefore urged to register the following details to make sure that once the system is restored there will not be any inconveniences in accessing of drugs;

- ❖ Cell phone number - which will be required for the OTP
- ❖ E-mail address - for updates
- ❖ Register on the Cimas website to track claims
- ❖ Register chronic conditions to enable hassle free access to the relevant drugs

Members will be required to have the following items on purchasing medication at the pharmacy

- ❖ Registered cell phone
- ❖ Cimas card
- ❖ National ID
- ❖ Valid Prescription

The on-line drug facility will cover one prescription per month per member, pre-authorization shall be required for a second prescription. Chronic members will be able to access up to five prescribed drugs per month while ordinary members will be limited to three drugs. Drugs in excess of those stated above will require preauthorization.

For more information with regards to the above please contact your Society on telephone 777300-15 or email publicrelations@cimas.co.zw.

R Takawira
Managing Director



Toll Free: 0800 322 4627 1 Website: www.cimas.co.zw

Together we make a difference

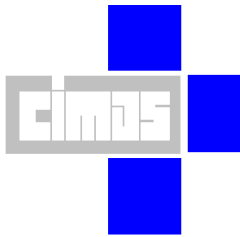
Basicare Package

Primary Package

General Package

Private Hospital Package

MedExec Package



Cimas Medical Aid Society

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Cimas Gweru: No. 23 Sixth Street, P.O. Box 1402, Gweru, Phone 054-226178
Cimas Mutare: Cimas House, 99 Second Street,
 P.O. Box 712 or 2560, Mutare. Phone 020-67703, 67639. Fax 020-67795
Website: www.cimas.co.zw **Toll Free 0800 322 4627**

Chronic Member Registration form

PERSONAL DETAILS

Member Name.....
 Membership Number.....
 National ID Number.....
 Date of Birth.....
 Gender.....
 Cell Number.....
 Email.....

CONTACT DETAILS

Residential Address.....

 Postal Address (If Different from
above).....

BANKING DETAILS

Name of Bank.....
 Branch.....Code.....
 Account Number.....

Please complete the information for member and dependants

Member Suffix	Chronic Condition Code	Prescribing Doctor	Drug Name	Frequency	Drug Strength

Chronic Conditions Code

- | | | | | |
|------------------|----------------------------|----------------|------------|-----------|
| 1 Cancer | 2 Psychiatric Conditions | 3 Hypertension | 4 Diabetes | 5 Leprosy |
| 6 Renal Diseases | 7 Cardio-Vascular Problems | 8 Epilepsy | 9 Asthma | 10 Other |

Member's Signature.....Date.....