

MEDIMED NEWSLETTER Issue 1 | 2019

SUGAR AND CANCER

Berna Harmse picks up on the sugar and cancer dispute...

Researchers are continuously investigating the connection between sugar and cancer. Unfortunately, the topic causes a lot of anxiety and misinformation in the media and on the internet. There is no strong evidence that directly links sugar to increased cancer risk, but there is an indirect link.

What Is The Indirect Link?

All the cells in our body, including cancer cells, need sugar (glucose) from our bloodstream for fuel. We get this blood glucose from carbohydrate-containing foods, including fruit, vegetables, starch, wholegrains and dairy. Some glucose is also made in our bodies from protein. Sugar doesn't make cancer grow faster. As stated in a Mayo Clinic article, "All cells, including cancer cells, depend on glucose for energy. But giving more sugar to cancer cells doesn't speed up their growth. Likewise, depriving cells of sugar doesn't slow down their growth." Eating high-sugar foods increase our body weight and body fat, which is linked to some kinds of cancer. For that reason, the American Institute for Cancer Research recommends increased intake of wholegrains, vegetables, fruit and beans; and reducing intake of sugary beverages and sweets.

Influence on weight and metabolism

Let's look at the influence on weight and metabolism. The Academy of Nutrition and Dietetics reinforces that much research shows that higher insulin (a hormone) levels and related growth factors may influence cancer cell growth the most, as well as increasing the risk for other chronic diseases. Different types of cancer cells have high amounts of insulin receptors, making them respond more than normal cells to insulin's ability to promote growth. All the food we eat gets broken down to smaller bits, in the process we call digestion. Glucose sits in the veins, and insulin working like a key, unlocks the veins so the energy can get to the rest of the body to be used. When insulin levels are high, it is a signal to the body that there is plenty of food available, and that these kilojoules should be used to grow and build reserves for future times of starvation. Insulin levels rise quickly when we eat unrefined carbohydrates (white bread and sweets) and leads to a drop in blood glucose levels. Low blood glucose is the biggest appetite stimulant in the world. It makes you overeat, which again causes a release of more insulin and thus a cycle of eating more and gaining weight and body fat continues.

So, what do I eat considering all this information?

- Avoid refined carbohydrates, like take-aways, white bread products, and sweetened foods and beverages. Rather choose high-fibre carbohydrates, like wholegrains, fruit, vegetables and legumes. Higher fibre foods are the corner stone of blood glucose management.
- The five-a-day approach is still best – try to have at least two fruits and three vegetables per day, or vice versa. This ensures the adequate intake of antioxidants which plays a big role in terms of fighting and preventing chronic diseases.
- Vegetables and salad should take up half of your dinner plate, and carbohydrate and proteins should be the side dishes of the meal.
- Try to have breakfast every morning and do not skip meals
- Aim to do some form of physical activity most days of the week.

* Article sourced from www.buddiesforlife.co.za. Article by Berna Harmse who is a private practising dietician and holds a MSc in Dietetics.

FREE!

All private Medimed members are invited to come collect their free Medical Aid Kits at our offices - 7 Lutman Rd, Richmond Hill, Port Elizabeth.



Research is being done to investigate the direct link between cancer and diabetes, with some researchers speculating that the underlying metabolic factors, like long-term stress and the inflammation that comes with it, underpins some of the patterns behind it.



UNDERSTANDING YOUR CLAIMS STATEMENT

01 ITEM CODE

This is the code used by the service provider and Medimed to identify the services rendered or medication dispensed.

02 BENEFIT

This refers to the benefit category against which the claim has been processed. It is important to verify that claims were paid from the correct benefit e.g. that your chronic medication is paid from the chronic medication benefit and not the acute medication benefit.

03 CLAIMED

This is the amount that the service provider claimed for services rendered or medication dispensed.

04 TARIFF

Medimed pays claims in accordance with the Medimed Scheme Tariff. This column indicates the Medimed Scheme Tariff. If the amount in the "CLAIMED" column is greater than the "TARIFF" column, you, as the member, will be liable for paying the difference to the service provider. It is therefore important to establish and possibly negotiate, what your service provider charges, prior to receiving the service.

05 LEVY

Some benefits are paid up to a percentage of the tariff amount, the balance being the member levy. The levy amount reflects the amount of the Medimed Scheme Tariff for which the member is liable.

06 REJECTED

This indicates the amount rejected by Medimed. Possible reasons for rejected amounts can include amounts for which Medimed is not liable such as when the benefit limit has been reached, the services rendered or item dispensed is a Scheme exclusion or the amount charged is above the Medimed Scheme Tariff.

07 REMARKED CODES

This gives the reason for the rejection. This code is explained under point 13 "REMARK CODE EXPLANATIONS".

08 PAID TO PROVIDER

This is the amount paid to the service provider. Payments to providers occur on a weekly basis.

09 PAID TO MEMBER

This is the amount refunded to the member where the member has paid the service provider. The funds will be transferred electronically into the member's bank account if Medimed has banking details on our system. Refunds to members occur on a weekly basis.

10 PAID FROM RISK

This provides an indication of claims not paid from the savings account. Amounts in this column were either paid from the Elective Benefit or from the Scheme Risk as in the case of hospital claims or authorised chronic medication.

11 PAID FROM SAVINGS

This provides an indication of claims paid from the member's savings account.

MEDIMED Medical Scheme
Claims Statement

Member:
 J SNOW
 16 WINTERFELL
 WESTERHOS
 PORT ELIZABETH
 6000

Option: MEDISAVE STANDARD

Administrator: Momentum Thebe Ya Baphelo (Pty) Ltd.
 P.O. Box 1672
 Port Elizabeth
 6000
Tel: 0861777000 **Fax:** 0413054500
Email: info@medimed.co.za
Website: www.medimed.co.za

Statement No: 3
Statement Date: 2019/04/28
Membership No: 1234567890

Item Code	Benefit	Qty	Claimed	Tariff	Discount	Levy	Rejected	Remark Codes	Paid to Provider	Paid to Member	Paid from Risk	Paid from Savings	
01 02 03 04 05 06 07 08 09 10 11													
JON SNOW - Date: 2019/04/14 Practice Reference: 00840545													
710652003	Over the Counter	200	73.96	73.96	0.00	0.00	0.00		73.96	0.00	0.00	73.96	
713205009	Over the Counter	18	38.52	38.52	0.00	0.00	14.36	8.1	24.16	0.00	0.00	24.16	
721827002	Over the Counter	24	61.86	61.86	0.00	0.00	0.00		61.86	0.00	0.00	61.86	
Total For Service Provider KINGS LANDING PHARMACY, 840										174.36	174.36	0.00	14.36
Totals										174.36	174.36	0.00	14.36
										Total Paid To Member			0.00

Savings	Elective	Total
Annual (Allowed for 2019)	7,140.00	10,000.00
Balance Brought Forward From Previous Statement	6,564.81	10,000.00
Used On This Statement	160.00	0.00
Available For The Remainder of 2019	6,404.81	10,000.00
Accumulated Savings From Previous Year(s)		4,405.08

Remark Code Explanations 13

8.1 - Paid according to scheme tariff - member liable for the difference.

Below are the banking details that the scheme will use to refund any money due to you. Please verify that these details are correct as the scheme cannot accept liability for any payments made into the incorrect bank account.

Bank: UNKNOWN
 Account: 1234567890
 Branch code: 123456

Benefit Utilisation (used) as at 25 April 2019 14

Benefit	Amount
Over the counter Medication Available Amount	1360.24
	1360.24

Please help save our trees by requesting an electronic remittance

12 SAVINGS

This provides an overview of the member's savings account and Elective Benefit. It furthermore provides an indication of funds available as at the date of the claims statement. "Annual (Allowed for <year>)" indicates the total amount - Savings- and Elective Benefits available for the current year. This specifies the total amount available for the out of hospital expenses for the year and assists the member to plan future healthcare expenses. "Balance Brought Forward From Previous Statement" will correspond with the amount under "Available For The Remainder of <year>" on the previous statement. "Available For The Remainder of <year>" indicates the amount available. For out of hospital expenses after all claims for the current year have been paid as at the date of the payment run. "Accumulated Savings From Previous Year(s)" refers to the savings left from previous years, which can be used to pay for medical expenses not covered in terms of the Scheme rules for the current year. Please note that the Elective Benefit cannot be carried forward and this amount will therefore only reflect unused savings from previous years.

13 REMARK CODE EXPLANATIONS

These codes provide explanations for the rejections indicated under column 7 "REMARK CODES". The principal member's banking details are also indicated here. This is the bank account Medimed will use to refund any money due to the member. It is therefore important to verify that these details are correct to ensure that refunds are paid into the correct bank account.

14 BENEFIT UTILISATION

BENEFIT UTILISATION (USED) AS AT <STATEMENT DATE>

This provides an indication of the benefits paid under column 10 "PAID FROM RISK"



UNDERSTANDING YOUR ALPHA CLAIMS STATEMENT

01 DATE OF SERVICE

This is the date that the service provider rendered the service. It is important that this date is correct. The claim will be rejected as stale if it is not submitted within four months of this date.

02 PROVIDER REFERENCE

This is a tracking number allocated to the original claim by the service provider. It allows Medimed and the service provider to cross-reference the claims on their systems.

03 ITEM CODE

This is the code used by the service provider and Medimed to identify the services rendered or medication dispensed.

04 BENEFIT

This refers to the benefit category against which the claim has been processed. It is important to verify that claims were paid from the correct benefit e.g. that your chronic medication is paid from the chronic medication benefit and not the acute medication benefit.

05 CLAIMED

This is the amount that the service provider claimed for services rendered or medication dispensed.

06 TARIFF

Medimed pays claims in accordance with the Medimed Scheme Tariff. This column indicates the Medimed Scheme Tariff. If the amount in the "CLAIMED" column is greater than the "TARIFF" column, you, as the member, will be liable for paying the difference to the service provider. It is therefore important to establish and possibly negotiate, what your service provider charges, prior to receiving the service.

07 LEVY

The majority of benefits on the Alpha option are paid up to a percentage of the tariff amount, the balance being the member levy e.g. GP Consultations is paid at 75% of the Medimed Scheme Tariff – 75% is paid by Medimed and the balance of 25% is the member levy. The levy amount indicates the percentage of the tariff for which the member is liable.

08 REJECTED

This indicates the amount rejected by Medimed. Possible reasons for rejected amounts can include amounts for which Medimed is not liable such as when the benefit limit has been reached, the services rendered or item dispensed is a Scheme exclusion or the amount charged is above the Medimed Scheme Tariff.

09 REMARK CODES

This gives the reason for the rejection. This is explained under point 12 "REMARK CODE EXPLANATIONS"



MEDIMED Medical Scheme Claims Statement

Statement No : 7
Statement Date : 2019/04/25
Membership No : 123456789

Member :
M UNKNOWN
60 SOMEWHERE
LORRAINE
PORT ELIZABETH
6000

Option : Alpha

Administrator : Momentum Thebe Ya Baphele (Pty) Ltd.
P.O. Box 1672
Port Elizabeth
6000

Tel : 0861777660
Email : info@medimed.co.za
Website : www.medimed.co.za

Fax : 0413054500

01	02	03	04	Tel: 0661777000 Email: info@mednet.co.za Website: www.mednet.co.za				09	10	11		
Date Of Service	Provider Reference	Item Code	Benefit	Qty	Claimed	Tariff	Discount	Levy	Rejected	Remark Codes	Paid To Provider	Paid To Member
MARY - Acute Medication												
2019/02/21	49	703430001	Acute medication dispensing GP	28	360.12	347.42	0.00	136.97	51.70	a.1	0.00	208.45
2019/03/20	49	703430001	Acute medication dispensing GP	25	414.20	347.42	0.00	136.97	66.78	a.1	0.00	208.45
2019/03/29	49	813020003	Acute medication dispensing GP	15	94.24	66.56	0.00	26.63	27.66	a.1	0.00	30.95
2019/03/29	49	719700002	Acute medication dispensing GP	30	119.74	118.63	0.00	47.45	1.11	a.1	0.00	71.18
2019/03/29	49	704000001	Acute medication dispensing GP	30	76.51	75.86	0.00	30.34	0.65	a.1	0.00	45.52
MARY - GP & Specialist Procedures												
2019/02/21	49	711200001	GP Procedures	30	150.14	140.30	0.00	0.00	150.14	2.1.8.3	0.00	0.00
2019/03/20	49	711200001	GP Procedures	30	164.22	150.80	0.00	0.00	164.22	2.1.8.3	0.00	0.00
MARY - PMB Medication												
2019/02/21	49	719081001	P M B Medication - GP	30	138.15	45.60	0.00	0.00	92.55	a.1	0.00	45.60
2019/03/20	49	719081001	P M B Medication - GP	30	143.37	45.60	0.00	0.00	97.77	a.1	0.00	45.60
Total For Service Provider : DELPORT & PARTNERS 1467347					1,639.63	1,338.34	0.80	382.34	452.58		0.80	664.71
Totals					1,639.63	1,338.34	0.80	382.34	452.58		0.80	664.71
Payment Method: Online Trans: 1262 : 9504784 - Note: None												
											Total Paid To Member	664.71

Payment Method : Online Transfer of : 0504704 - Note : None

Total Paid To Member : 664.71

Remark Code Explanations

8.1 - Paid according to scheme tariff - member liable for the difference.

Below are the banking details that the scheme will use to refund any money due to you. Please verify that these details are correct as the scheme cannot accept liability for any payments made into the incorrect bank account.

Bank : UNKNOWN
Account : 123456789
Branch code : 123456

Benefit Utilisation (used) as at 25 April 2019

Benefit	Amount
Acute Medication	
MARY	774.62
JOSEPH	259.65
CLINT	43.82
GP & Specialist Consultations	
JOSEPH	1026.09
	264.77
	784.77

10 PAID TO PROVIDER

This is the amount paid to the service provider. Payments to providers occur on a weekly basis.

11 PAID TO MEMBER

This is the amount refunded to the member where the member has paid the service provider. The funds will be transferred electronically into the member's bank account if Medimed has banking details on our system. Refunds to members occur on a weekly basis.

12 REMARK CODE EXPLANATIONS

These codes provide explanations for the rejections indicated under column 9 "REMARK CODES". The principal member's banking details are also indicated here. This is the bank account Medimed will use to refund any money due to the member. It is therefore important to verify that these details are correct to ensure that refunds are paid into the correct bank account.

13 BENEFIT UTILISATION

This provides a summary of the benefits used as at the date of the statement to assist the member to keep track of all healthcare expenses.