April 2026

The Electronic Doctor Network—available exclusively for CPC/Qualicare Members and Shareholders!

Newsletter

ANNOUNCING THE 30TH ANNUAL CPC/QUALICARE OPEN DAY

VENUE: BMRI, TYGERBERG CAMPUS, UNIVERSITY OF STELLENBOSCH MEDICAL SCHOOL

DATE: 6 JUNE 2026 **TIME:** 07:00 – 18:00

You are warmly invited to our Qualicare special Open Day event, dedicated to showcasing the services, facilities, and commitment to QUALITY PATIENT CARE AND MEDICAL TRAINING OF OUR DOCTORS. THIS COMMITMENT IS ALSO REFLECTED IN THE UNWAVERING DEDICATION OF OUR 50+ EXHIBITORS!

Join us for this engaging and informative day, attend our Clinical and Ethics academic workshops and talks, meet our dedicated team, and also learn more about the innovative work we do to assist you in maintaining a well-run practice.

Whether you are a healthcare professional, student, or simply interested in advancing quality care, this open day promises valuable insights and meaningful connections.

Venue: BMRI, Tygerberg Campus, University of Stellenbosch Medical School

Date: 6 June 2026

Time: 07:00 – 18:00

Announcing the 30th annual CPC/Qualicare Open Day .....continue to page 2

Inside this issue

LOG ONTO YOUR SITES
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We confirm that the relevant applications for CEU Points will be submitted timeously for Clinical and Ethics Continuing Professional Development (CPD) points and as a CPD organiser we will submit all of your proofs of attendance to the HPCSA at the end of the day. This will apply both to the conference sessions and to receipt of your completed accompanying Related Reading Material, offering attendees additional professional value.

A diverse and comprehensive day has been structured for maximal knowledge transfer in the format of 20 Minute TED talks, so no one will get bored or tired!

Topics include:

- Pain management of the future
- Women's health, including abnormal uterine bleeding and a dedicated focus on menopause
- Men's health, with current approaches to benign prostatic hyperplasia.
- A vaccination workshop covering RSV, pneumococcal, and Hepatitis B vaccines
- In-depth clinical sessions on the Cardiometabolic syndrome, COAD and Diabetes.
- New approaches to Allergic rhinitis, including the role of Platelet Activating Factor and Histamine as well as demystifying Urticaria, along with foundational allergy principles

In addition, the program features a strong ethics and professional practice component, including:

- Updates on harmful business practices and newly published HPCSA regulations
- An interactive workshop on Ethics break down into fraud, waste, and abuse
- Discussions on possible bias in peer review and who to investigate for over servicing and the Section 59 report-back
- Medical aids will give insights into Optimising Primary Healthcare Benefits and also Optimising your practices to cater for more comprehensive approaches to PMBs.

Announcing the 30th annual CPC/Qualicare Open Day .....continue to page 3

The day will also feature our always excellent food, with regular breaks for tea and lunch, thereby creating a relaxed and enjoyable atmosphere

Attendees will have the opportunity to visit and interact with 50 exhibitors, engage with industry leaders, reconnect with friends and colleagues, share experiences and anecdotes, and participate in the many interactive workshops that form part of our programme.

Finally, do not forget our late afternoon prize giving where lucky numbers on your lanyard are called and you stand in line to take home very attractive prizes.

You too could be a winner just like our doctors of 2025!



WINNING MOMENTS TO TREASURE!





We look forward to welcoming you and sharing our passion for excellence in healthcare.

Tony Behrman, John -Paul Valentyn and the Qualicare team

NEWSFLASH

NHI and Solidarity:

A letter sent by Solidarity has requested clarification on statements and actions by the President and the Minister of Health on their announcements that they will continue to implement in NHI despite a court having placed the matter on hold. At the time of publication this letter has not yet received a reply.

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References:
1. Raputeze approved SAHPRA Professional Information (PI), 26 November 2024.
2. Shamizadeh S, Brockow K, Ring J. Rupatadine: efficacy and safety of a non-sedating antihistamine with PAF-antagonist e ffects. Allergo J Int 2014; 23: 87–95. DOI: 10.1007/s40629-014-0011-7.
3. Sailaxmi V et al. Comparative evaluation of safety and efficacy of oral Rupatadine with oral Fexofenadine in patients of seasonal allergic rhinitis. Perspectives in Medical Research. September – December 2016, Vol4, Issue 3.
4. Versus other Rupatadine's. Pharmaceuticals Economic Evaluation Unit email dated 1 December 2025.

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MAC 25-161

NEWSFLASH

NHI in the Constitutional Court:

The NHI matter in the Constitutional Court looking into the possibility of a flawed public participation process may well be successful. In that case the act may be sent back to parliament for further debate, signaling a potential delay of up to 14 months in the protracted NHI saga.

PARENTS' CONSENT AND CHILDREN'S HEALTH: IMPORTANT RULING IN CAPE HIGH COURT

- A child was admitted to Red Cross Hospital in January.
- To survive, she needed her legs amputated, but her parents refused for cultural and religious reasons.
- After an extensive effort to resolve the situation, the hospital went to court, and the parents ultimately did not oppose the application.
- The Western Cape High Court gave the hospital the go-ahead to carry out the operation.
- Last week Judge Mas-udah Pangarker handed down reasons for her ruling.

Staff at Cape Town's Red Cross Memorial Children's Hospital have been praised for their sensitive handling of a difficult case in which the parents of a six-year-old refused to give consent for her to undergo a double-leg amputation, based on cultural and religious grounds.

But ultimately, Western Cape High Court Judge Mas-udah Pangarker said that while she would not lightly interfere with the parents' rights, intervention was necessary in terms of the Children's Act. She gave judicial go-head for the surgery.

Parents' consent and children's health .....continue to page 10

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Pangarker made her ruling in early March following an urgent application by the hospital — which was ultimately not opposed by the parents — but she only handed down her reasons on Friday.

The judge described the lengths that the staff had taken to accommodate the parents' wishes as "nothing short of admirable".

This included permitting traditional healers to visit the child in hospital and give their advice on treatment.

They also made contact with the family's cultural leaders in the Eastern Cape and asked the family advocate for advice.

In her founding affidavit, Dr Jessica Browne, the medical services manager, said the child had suffered from meningococcal septicaemia, a blood infection which caused poor circulation.

The little girl — identified in the judgment as AD — had been critically ill when admitted to the hospital in January and was in septic shock. She later developed gangrene in both feet.

The only treatment available was a below-knee amputation of the left leg and a Syme amputation (removal of the foot, leaving the heel pad to allow for mobility) of the right.

Browne said because the sepsis could spread it was imperative that the surgery take place as soon as possible.

However AD's parents had refused to give consent, saying they wished to explore traditional medicine and healing because, in their view, this would cure her.

Browne said the parents said this had to take place in the Eastern Cape and wanted AD discharged. Her father indicated that he would not bring her back to the hospital afterwards.

At that time, however, AD was on strong medication, including morphine, because of the severe pain in her feet.

Parents' consent and children's health .....continue to page 12

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CE 0123

After having an "ethics meeting", which included experts from the University of Cape Town, a decision was taken in her "best interests" not to discharge her and after further discussions, the medical team agreed to involve a traditional healer or cultural advisor in an attempt to accommodate and respect the parents' wishes.

The staff invited a traditional healer of the father's choice to assess AD. He said he could cure her with oral medication, topical creams and ointment.

However, the hospital made it clear that it could not allow traditional healing within its premises. A second traditional healer, who is also a psychologist, was arranged by PaedsPal to discuss the matter with the father. But he stood firm.

Eventually in late February, the hospital's clinical team, social workers and nurses met with the father again "impressing upon him the seriousness of his daughter's condition".

A second traditional healer then assessed AD. He said he would use oral traditional medication and lotion, which would cure her feet but his plan might fail.

"As before, the difficulty which the hospital faced was that traditional healing was not allowed on the premises," Pangarker said.

Hospital staff then asked to speak to the parents' cultural elders.

A doctor and social worker spoke to the father's uncle who said he was aware of the situation but "the family had no intention of changing their minds".

The judge said on the day of the hearing, she was informed that the mother had eventually consented to the surgery.

However, the father had not. He also did not attend court.

Parents' consent and children's health .....continue to page 14

Reimagining Ear Care: Smart, Camera-Assisted Hygiene at Home

Effective ear hygiene is a key component of overall patient wellbeing, yet earwax build up and improper cleaning remain frequent concerns. Traditional methods, such as cotton swabs or improvised tools, often carry risks: wax may be pushed deeper into the canal, leading to discomfort, irritation or infection and in some cases, necessitating professional removal. These challenges highlight the need for safer, more precise methods that patients can use confidently at home.

Health technology is now offering innovative solutions. bebird, a pioneering smart ear-care brand, has developed devices designed to make ear hygiene safer and more accurate. Their EarSight Plus product integrates a high-definition camera with a flexible, snake-shaped tube and smartphone connectivity, providing patients with a clear, live view of the ear canal as they perform cleaning. This real-time visual guidance reduces the risk of injury, while also helping users understand the anatomy of the ear and the correct approach to safe earwax removal.

The device also supports more informed patient-doctor interactions. Using the bebird app, users can capture images and videos of the ear canal, which can be shared during consultations. This visual documentation allows for earlier assessment of wax build-up, irritation or potential infection, facilitating better-informed discussions and enabling the advice on appropriate interventions without necessitating immediate in-office visits. In addition, it can support monitoring of recurrent wax impaction or other ear health concerns over time.

The EarSight Plus is designed for the whole family, with multiple interchangeable tips and hygienic replacements to suit children, adults and even pets. Its ergonomic design and flexible tube allow for comfortable navigation of the ear canal, while the app's intuitive interface makes the process simple to follow. By combining precision, safety and ease of use, the device encourages consistent ear hygiene, promoting both patient autonomy and preventive care.

Smart ear-care technologies like bebird bridge the gap between home-based self-care and professional oversight. They provide patients with the tools to manage routine hygiene safely, reduce complications associated with traditional methods and engage in proactive monitoring of their ear health. By enabling visualisation, documentation and guidance, these devices support more effective consultations and help patients take an active role in maintaining ear wellbeing.

As home-based, technology-enabled care continues to evolve, devices like the EarSight Plus exemplify how innovation can improve both safety and confidence in everyday health practices, offering practical benefits for patients and doctors alike.

To purchase or for more information visit www.bebirdsa.co.za or https://ivohealth.co.za/product/earsight-plus/

Pangarker said Browne had approached the court under the provisions of the Children's Act because of the real and imminent risk to AD's health and life.

"It was clear that should the infection spread further in AD's right foot, the result would be a below the knee amputation instead of a Syme amputation. In those circumstances, AD's mobility would be hugely impaired if not non-existent."

The Judge said notwithstanding that the parents had not opposed the application "it was a difficult and grave matter which weighed heavily on all".

"I was mindful that the impact on the child, the parents and the rest of the family, must surely be profound and devastating," she said, noting that applications dispensing with parental consent were rare.

She said that while the Constitution protected the right to religion, belief and opinion and to participate in a cultural life, AD also had rights to dignity, life and basic health care.

The hospital had made all efforts to respect the parents' dignity and beliefs and to obtain their consent for surgery.

"In my view, the hospital displayed a level of sensitivity and respect for the family's religious and cultural beliefs which was nothing short of admirable," the judge said.

But neither of the traditional healers who assessed AD had provided a medically accepted alternative.

The act, read with the Constitution, stated that in all matters involving minor children, the best interests of the child was paramount and the high court was the upper guardian of all children.

"The [urgent] surgical intervention requested was, in the circumstances, the best medical treatment available for AD. In view of the evidence, she would still, post-rehabilitation and with the provision of prosthetics and physiotherapy, be mobile," Pangarker said, granting the order.

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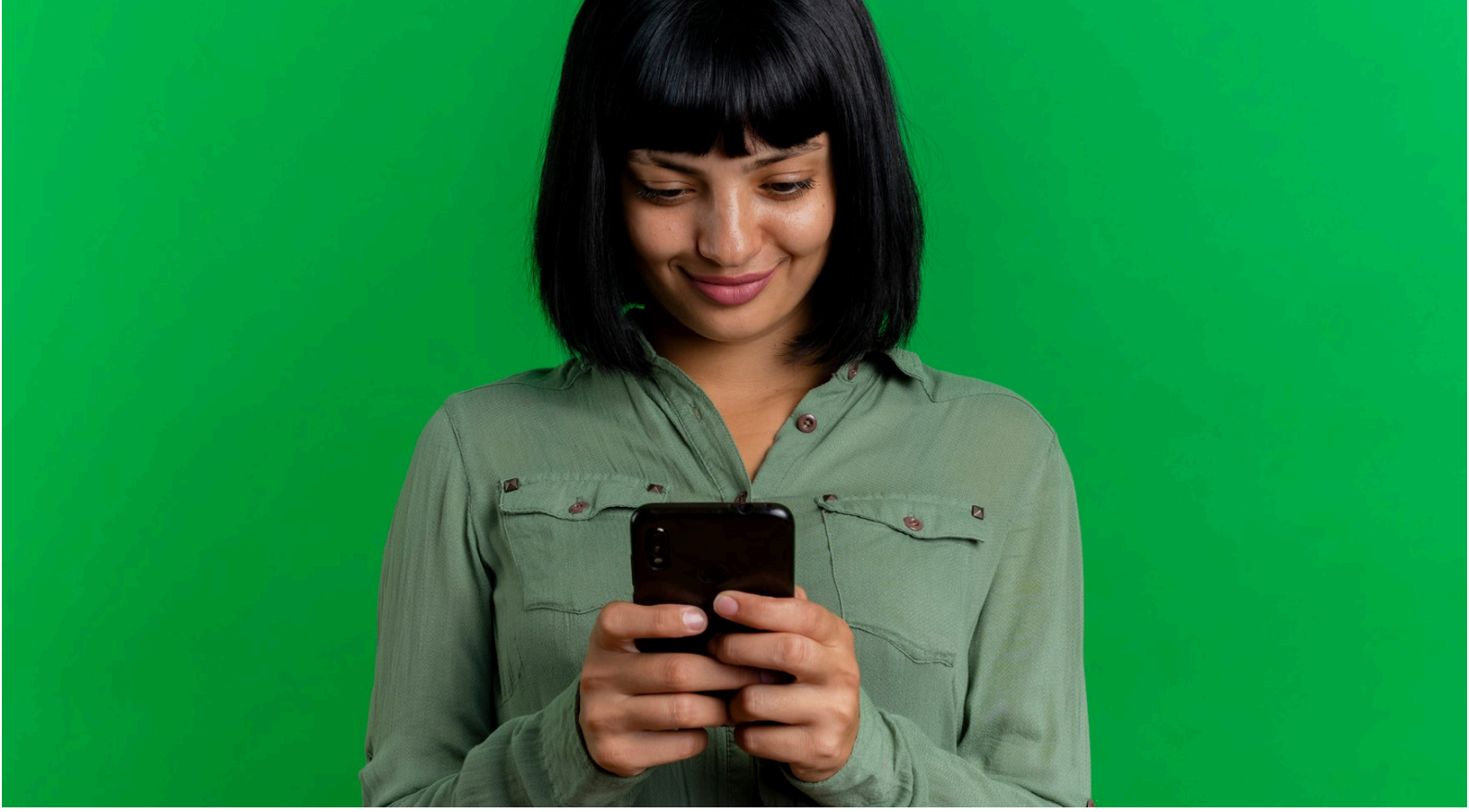

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PAIA Annual Reports

1

IMPORTANT DATES

- Opens: 1 April 2026
- Closes: 30 June 2026

2

ATTENTION ALL ORGANISATIONS

Failure to submit results in compliance risk

3

ACTION CHECKLIST

- ✓ Prepare your PAIA Annual Report
- ✓ Review and verify all information
- ✓ Submit before **30 June 2026**

4

NEED ASSISTANCE

Contact

enquiries@inforegulator.org.za

010 023 5200

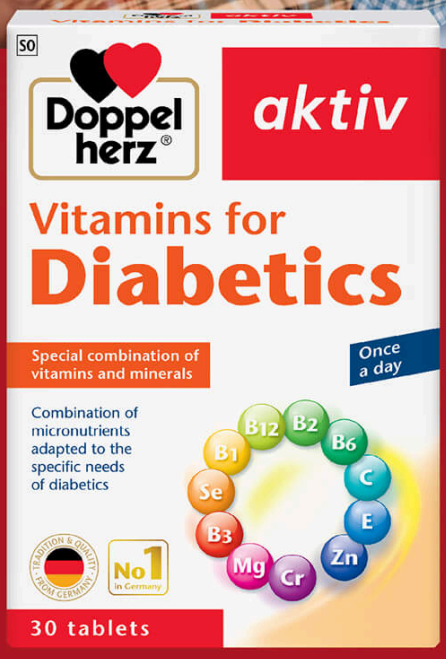
to ensure your submission is completed accurately and on time.

NEWSFLASH

New HPCSA registrar

A new interim registrar for the HPCSA has been named as doctor Karmie Chetty, a medical doctor who has been in the ANC health desk since the early 1990s. She has extensive experience in health policy, regulation, and executive management, with a medical degree and specialization in public health.

No 1 Brand in Germany*



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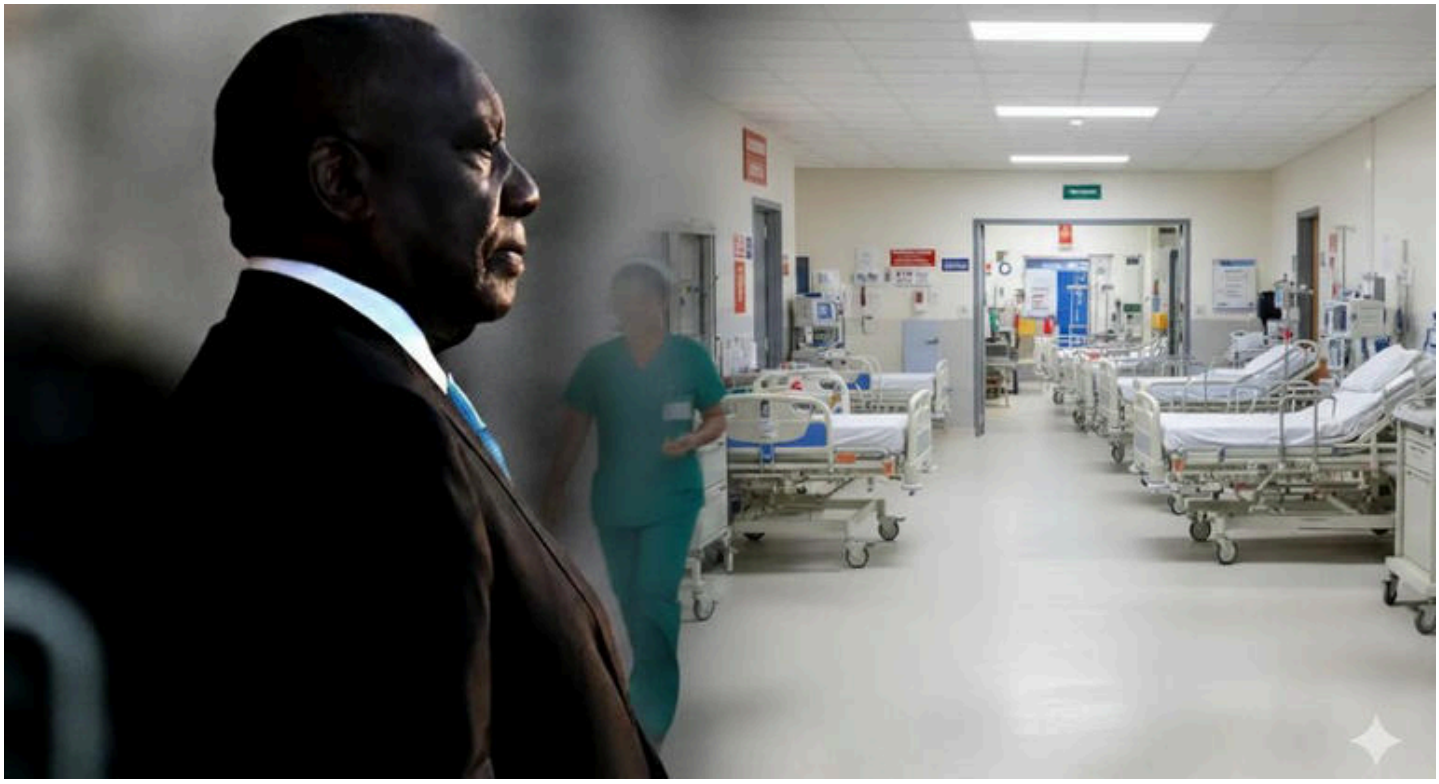
84% of South Africans rely on public healthcare: Cyril Ramaphosa pushes NHI reform



Nearly 84% of South Africans depend on the public healthcare system, a reality President Cyril Ramaphosa says underscores the urgent need to bridge inequality in access to quality medical care through the National Health Insurance (NHI).

In his latest address to the nation, Ramaphosa highlighted the stark divide between public and private healthcare, stating that while South Africa has world-class medical expertise, it remains unevenly distributed.

“On average, the amount of money spent each year on a person who uses private healthcare is around five times what is spent on someone in the public sector,” he said, adding that “only around 16% of South Africans have access” to private facilities, compared to the majority who rely on state services.

84% of SA rely on public healthcare .....continue to page 22

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The president used the recent successful separation of conjoined twins at Mankweng Hospital as a symbol of what the public system can achieve despite its challenges.

“This achievement is more than a medical milestone. It is proof of what our public health system is capable of,” Ramaphosa said.

However, he acknowledged that such successes are not the everyday reality for most citizens.
“For every story of excellence like Mankweng, we know there are too many South Africans who cannot access the quality healthcare they need and deserve.”

Ramaphosa said the imbalance between private and public healthcare systems effectively creates “two separate nations,” calling for stronger collaboration across sectors.

“These two parts of our healthcare system cannot continue to operate in parallel, as if serving two separate nations. They must work together in service of one nation,” he said.

The president positioned the NHI as central to addressing these disparities, describing it as “more than a funding mechanism” but rather a constitutional commitment to equal healthcare access.

“It is the instrument through which we will ensure that the skills and dedication on display at Mankweng are available to all our people, regardless of their ability to pay,” he said.

Ramaphosa added that government is already investing in strengthening public healthcare through infrastructure upgrades, expanding community health programmes, and improving access to medicines.

At the core of these efforts, he said, are healthcare workers who continue to serve under pressure.

“We owe it to every healthcare worker to give them the support, tools and working conditions they need to do their vital work,” he said.

The president concluded by reaffirming the government’s commitment to ensuring that “equal access to quality healthcare must be the standard we set and the constitutional promise that we keep.”

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NEWSFLASH

Fraud, Waste and Abuse:
Following an investigations into the code of conduct regarding clawbacks and investigations into alleged possible fraudulent behavior by service providers, a Section 5(2) 30 day rule has been announced as follows:

- All discriminatory practices must cease
- There must be strict compliance with section 59 (2) 30 day rule
- Any unreasonable coercive or statistically unsupported clawbacks must cease
- An early warning notification system should be brought into effect to alert practitioners that they are under suspicion
- An independent facilitation option must be introduced
- Race-based profiling, either direct or algorithmic, is prohibited
- requests for unnecessary confidential patient information in terms of POPI and the National Health act is prohibited
- Refusal to reinstate direct payment without written reasons must cease.
- Documents which imply a doctor's guilt in advance of a full audit must cease
- Clawbacks without mathematical or statistical justification are not acceptable

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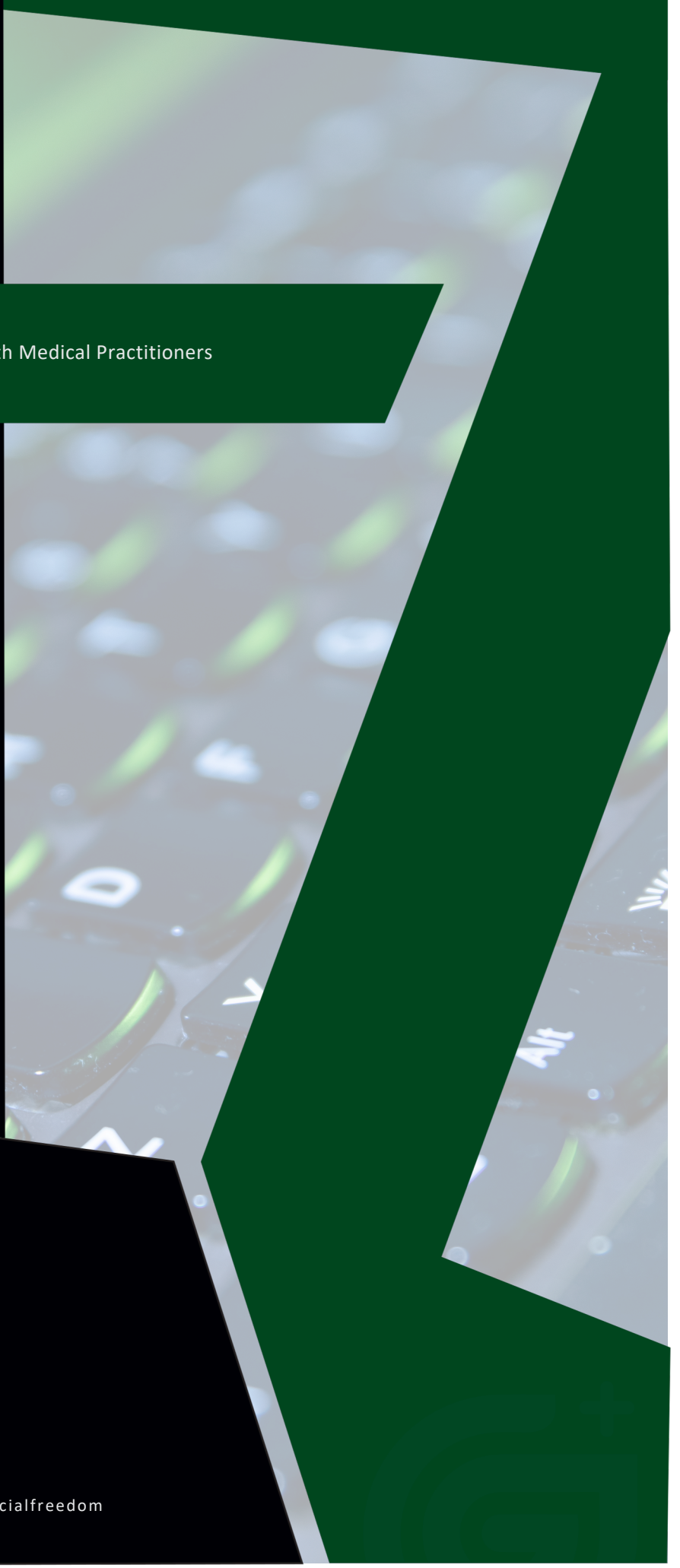

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Patients Are Using Chatbots to Fight Medical Bills, With Mixed Results

While chatbots like Claude and ChatGPT can help narrow the information divide between patients and providers, they can also dispense flawed advice.

As chatbots become a fixture in everyday medical care, patients are using them not only to make lists of questions for doctors' visits or decipher test results, but increasingly to pick apart the financial paperwork that follows, including challenging medical bills.

When Jackie Davalos, 34, received a notice from a collections agency that she owed $22,604 to a hospital for an emergency room visit after she fell down some stairs two years earlier, her partner, Walter Kerr, used the chatbot Claude to help challenge the hospital's charges.

Mr. Kerr, 39, an executive at a global development nonprofit, said the chatbot had proved a useful adviser, "but not a perfect one."

At a time when health care costs top Americans' financial worries, more patients are turning to chatbots like Claude or ChatGPT as a no-cost, do-it-yourself way to navigate problems with medical bills or insurance coverage. The trend is significant enough that the American Hospital Association has alerted its members that patients are increasingly using artificial intelligence to help dispute bills.

Patients Are Using Chatbots to Fight Medical Bills .....continue to page 28

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ED – erectile dysfunction; EF – erectile function

References: 1. TADALAFIL ADCO Professional Information. October 2022. 2. Gong B, Ma M, Xie W, *et al*. Direct comparison of tadalafil with sildenafil for the treatment of erectile dysfunction: a systemic review and meta-analysis. *Int Urol Nephrol* 2017;49:1731-1740.

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Health care providers and insurers have used A.I. for some time, in ways that some people have suggested are intended to maximize charges and deny claims.

Chatbots might seem to offer patients a way to fight back. But critics warn that the tools can dispense flawed advice, especially to users who are less experienced in using A.I., or who do not have much knowledge about the health care system. And they note that chatbots are not bound by the federal privacy protections of the Health Insurance Portability and Accountability Act, or HIPAA.

While chatbots can explain patients' rights and identify opportunities for relief, critics contend that they often fail to ask for crucial context or they obscure important solutions, leaving patients to fill in the blanks.

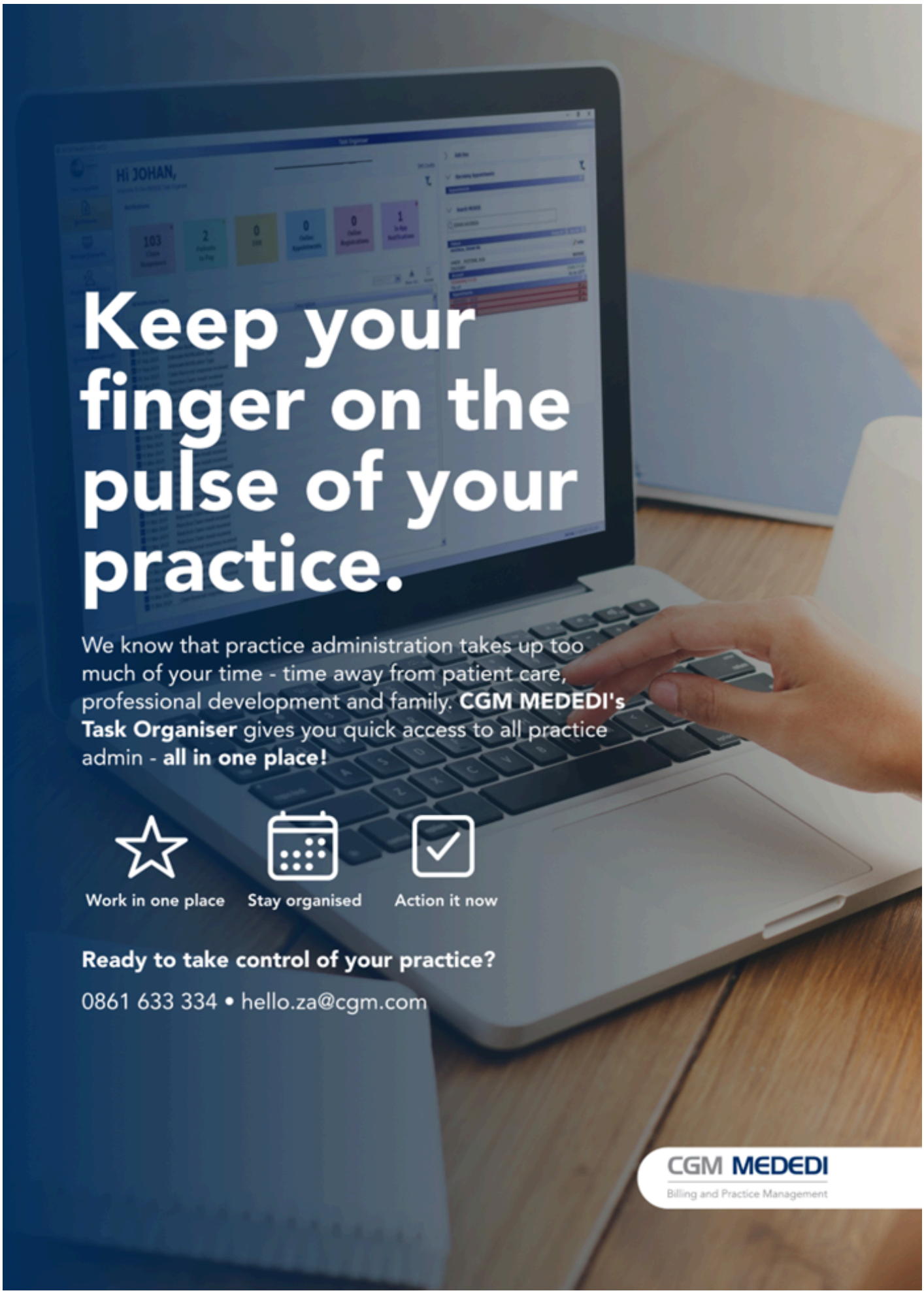
For their part, the technology companies argue their current models are more sophisticated and address many of the shortcomings the critics point to.

OpenAI, the maker of ChatGPT, said its new models were "trained to hedge more, browse more and proactively ask for additional details when needed." (The New York Times has sued OpenAI, claiming copyright infringement of news content. OpenAI denies the claims.)

'We Might Actually Win'

Ms. Davalos said she never received a bill from George Washington University Hospital in Washington, where she was treated and, according to the records, incorrectly listed as uninsured. Ms. Davalos, who is training to be a pastry chef but at the time was a journalist working for Bloomberg, feared the debt might derail the dream she and Mr. Kerr had of buying a home.

Patients Are Using Chatbots to Fight Medical Bills .....continue to page 30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At first, the couple tried to dispute the bill with the hospital's parent company, Universal Health Services, which manages its billing.

In response, Mr. Kerr said, the company removed a medication charge, but said that Ms. Davalos would have to pay the balance.

Last July, Mr. Kerr decided to upload Ms. Davalos's billing and medical records to Claude. He asked the chatbot to identify whether they might have any further recourse.

Claude came up with several suggestions, Mr. Kerr said, including that the hospital might have failed to meet some legal requirements regarding debt and insurance.

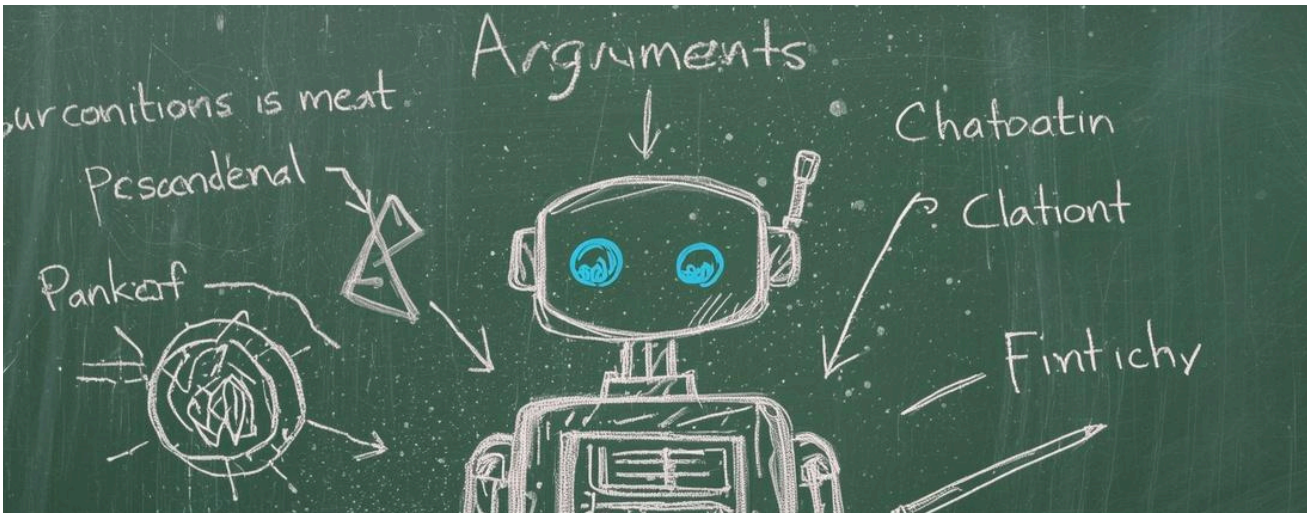
The chatbot's suggestions, Mr. Kerr said, encouraged him to think that he and Ms. Davalos might have grounds to keep fighting the hospital bill.

"For the first time," he said, he felt that "we might actually win."

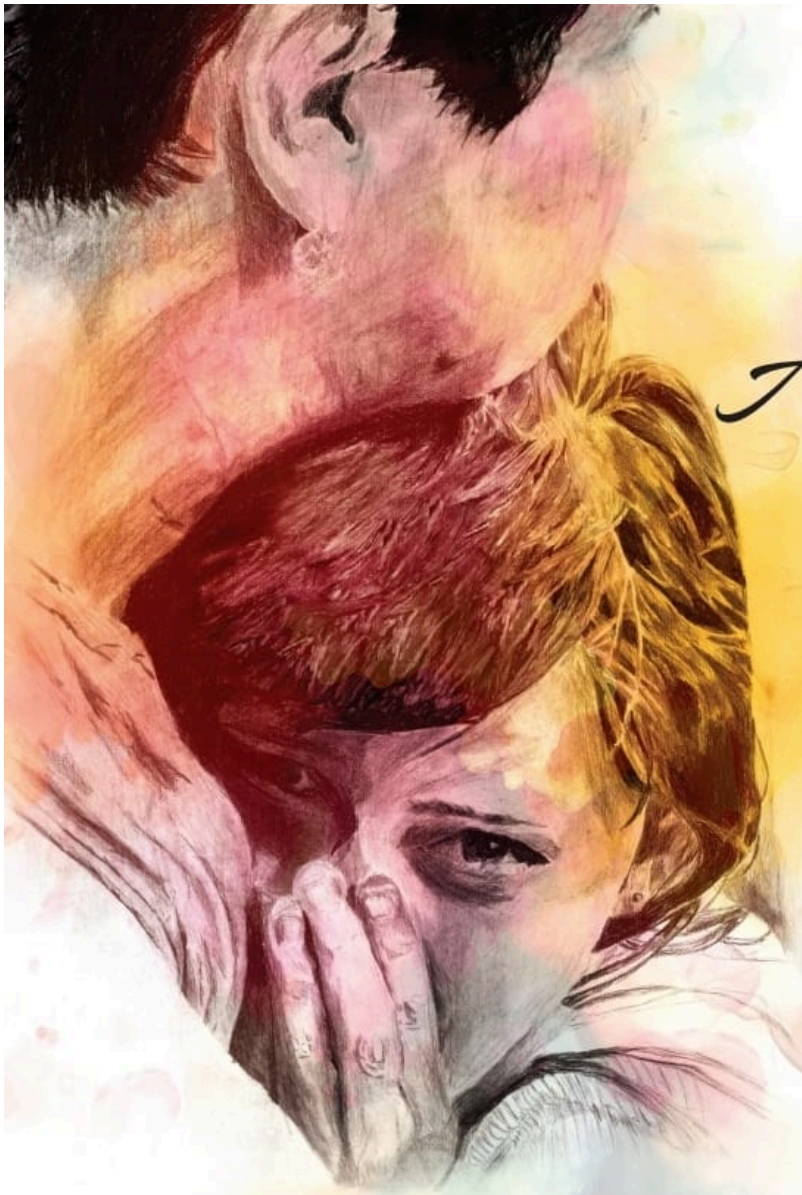
Using many of the chatbot's arguments, Mr. Kerr wrote a letter to executives at the hospital and Universal Health Services, urging them to drop the charges. Shortly after, the hospital waived the entire bill.

Although Mr. Kerr prevailed in the dispute, the chatbot's advice may not have been entirely correct. Studies suggest that chatbots often err when answering legal questions.

After reviewing a summary of the dispute, Ariel Levinson-Waldman, the founding president of Tzedek DC, a nonprofit legal aid center in Washington, said some of Claude's analysis was correct. But the chatbot misunderstood the debt and insurance laws it was citing, and failed to inform the couple of other avenues that might be open to them.



Patients Are Using Chatbots to Fight Medical Bills .....continue to page 32



CNS

A calming touch

Introducing CLOBAZAM ADCO

Indicated for the treatment of anxiety in neurotic patients, for pre-operative medication, and it may be effective in relieving the acute symptoms of alcohol withdrawal syndrome[1]

May be used as an adjuvant in epilepsy*[1]

- Unlike other benzodiazepines, **CLOBAZAM ADCO** has less sedative effects[2]
- Mild to moderate adverse events[2]
- Cost saving of 15 % versus originator[3]

NEW

Clobazam

Clobazam ADCO

*The dosage of CLOBAZAM ADCO should be determined by monitoring the EEG and plasma levels of the other medicines.[1]

References: 1. CLOZABAM ADCO 10 & 20 mg tablets Professional Information, 27 June 2023. 2. Faulkner MA. Comprehensive overview: efficacy, tolerability, and cost-effectiveness of clobazam in Lennox-Gastaut syndrome. *Ther and Clin Risk Manage* 2015;11:905-914. 3. Generics dictionary. http://www.generic.co.za/frontend/generics?utf8=%E2%9C%93&q%5Bactive_ingredient_name_eq%5D=CLOBAZAM (Accessed: 03 October 2023).

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

S5 CLOBAZAM 10 ADCO: Each tablet contains 10 mg of clobazam. Reg. No.: 55/2.6/0546. S5 CLOBAZAM 20 ADCO: Each tablet contains 20 mg of clobazam. Reg. No.: 55/2.6/0547.

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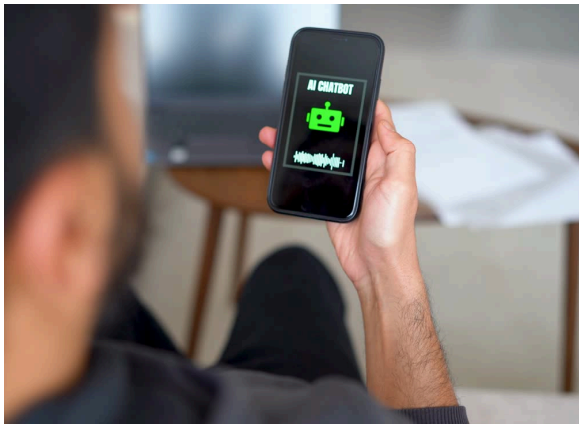
For example, Mr. Levinson-Waldman said, some of the legal requirements that Claude suggested the hospital might not have complied with applied to insurers or third-party collectors, not to hospitals. But he could not draw further conclusions without reviewing more records, he said.

George Washington University and Universal Health Services said federal privacy laws limited what they could disclose about Ms. Davalos's bill. But Susan LaRosa, a spokeswoman for the hospital, acknowledged that when Ms. Davalos was admitted to the hospital, "a clerical error" had been made.

The hospital eliminated the debt once it was "made aware of the updated information," Ms. LaRosa said, and Ms. Davalos's credit was not affected.

Maria English, a spokeswoman for Universal Health Services, noted that the debt was eliminated once "all information about the situation was received and communications with the patient were completed" — a resolution achieved only after Mr. Kerr escalated the dispute.

Anthropic, the maker of Claude, declined to comment on the chatbot's performance.



Confusing Advice

Getting useful answers from a chatbot often requires knowing how to give the chatbot proper instructions or having enough knowledge about health insurance to supply the right context, said Andrew Cohen, an attorney at the nonprofit firm Health Law Advocates. These requirements can leave many people at a disadvantage.

Michelle Maziar, 46, an immigration policy consultant in Atlanta, tried ChatGPT last July to help recover a $3,140 payment she was owed by her insurance company, Anthem.

In March 2023, Anthem had reversed its initial denial of her claim for coverage of fertility services, but the payment never came. She thought the chatbot might be able to help. But ChatGPT mostly proposed steps she had already tried, including asking to speak with a manager, or gave her advice that sounded like another dead end, such as contacting her state insurance commissioner.

Patients Are Using Chatbots to Fight Medical Bills .....continue to page 34

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“It was deflating,” Ms. Maziar said.

Drained and unable to afford a lawyer, she put her dispute on hold.

Ms. Maziar recently repeated her ChatGPT query for The Times. Nicole Broadhurst, a professional patient advocate who reviewed the transcript of the exchange, agreed with much of the chatbot’s guidance.

But, she said, the bot had missed an important step: asking questions that could help it determine who oversaw Ms. Maziar’s insurance plan. Because her former employer, the City of Atlanta, is self-insured, contacting the state insurance commissioner, as ChatGPT suggested, would not be helpful.

Janey Kiryluik, a spokesperson for Anthem, said an error had delayed Ms. Maziar’s payment, but that it had now been issued in full, which Ms. Maziar confirmed.

Ms. Broadhurst noted that chatbots could excel at translating jargon and doing grunt work like combing through policy documents for key words, but that they often lacked the judgment needed for complex cases.

Even when A.I. gets the rules right, critics say, it can misdirect vulnerable patients.
Last July, Maria Vanegas, a single mother and community organizer, turned to ChatGPT after Medical City Dallas Hospital billed her $3,930 for an emergency visit, an amount that she could not afford to pay.

The chatbot first suggested that she audit the bill. Following that advice, Ms. Vanegas took steps to get an itemized statement. But the thought of a dispute felt overwhelming. “It was intimidating,” she said, “because I don’t speak any medical jargon.”

The chatbot next recommended seeking financial assistance — programs most hospitals offer to waive or discount bills for eligible patients — but Ms. Vanegas said the explanation of eligibility criteria was so technical she could not tell if she would qualify, and the hospital had not offered her any financial help.

Patients Are Using Chatbots to Fight Medical Bills .....continue to page 36

Minimum requirements for Prescriptions and Sick Certificates :

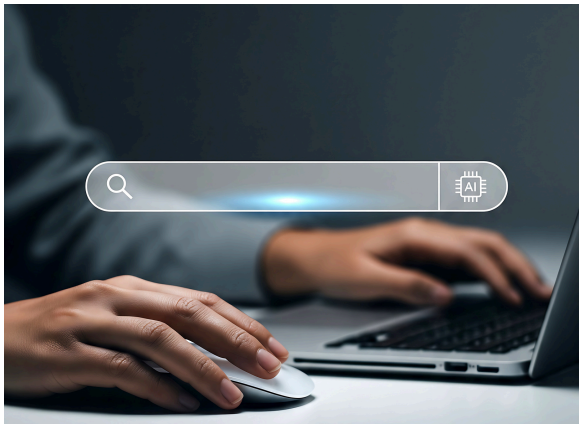
HPCSA has reminded all practitioners that their PCNS number as well as their HPCSA registration number must appear on all medical certificates as well as on prescriptions for medication.

Worn down by the hurdles, she said, she almost gave up. Then, near the end of the chatbot's response, she saw a mention of Dollar For, a nonprofit that helps patients apply for financial assistance. She contacted the organization, which helped her get the bill waived.

Jared Walker, Dollar For's founder, recently tested ChatGPT with a similar query, and the chatbot again listed financial assistance only as a secondary option. This, he said, downplayed a resource that even many middle-class households can qualify for.

Citing confidentiality, Emma Philips, a spokeswoman for Medical City Dallas Hospital, declined to comment on Ms. Vanegas's case. But patients receive documents about financial responsibility at registration, she said, and that they can consult hospital advisers about getting assistance.

A spokeswoman for OpenAI cited internal data showing that the company's current chatbot models were more likely than earlier versions to ask follow-up questions when the chatbot was uncertain and gave much better health answers than the earlier versions.



Privacy Risks

Patients who share their health records or bills with a chatbot risk exposing sensitive information to companies that have few legal guardrails about disclosure.

Unlike hospitals and insurers, chatbot companies are not bound by HIPAA, the health privacy law. They can change privacy policies at will, and information given to a chatbot is not legally protected the way a conversation with a doctor is, so it can be more easily turned over as part of discovery in a lawsuit or custody dispute.

OpenAI and Anthropic recently pledged they would not train their models on their users' health information, and they would store this information separately. But both companies' safeguards require opting in, and are currently restricted to paid subscribers or people on a waiting list, rather than the general public.

Jennifer King, a data privacy researcher at Stanford University, called the addition of safeguards an improvement, but she questioned why they were not applied across the board.

Patients Are Using Chatbots to Fight Medical Bills .....continue to page 37

Improved, but Still Limited

In late 2024, Joel Bachar, 58, a server at a fine-dining restaurant in Charlotte, N.C., uploaded an insurance document to ChatGPT and asked why his health plan covered so little of his M.R.I. scan.

The chatbot offered no solutions, he recalled — it was “a dead end.” He called his health plan to question the amount, but ultimately paid the $1,170 balance. Caroline Landree, a spokeswoman for UnitedHealthcare, the insurer’s parent company, said that the claim was processed correctly and reflected the benefits in his policy.

When Mr. Bachar recently replicated his exchange with ChatGPT, the chatbot suggested potential options to lessen the bill, like asking for a discount to settle it quickly.

But the chatbot also showed its limits. Julien Nakache, chief executive of the bill-negotiation start-up Granted Health —a specialized A.I. company that disputes bills and denials and that Mr. Bachar has hired for other cases — reviewed the exchange. In Mr. Bachar’s case, Mr. Nakache said, the chatbot claimed that the plan had applied the benefit correctly, but it had not gathered enough information to know this was the case, and it did not suggest checking the bill for errors.

An OpenAI representative said the company used doctors to help test its chatbots’ answers involving health care, including bills and insurance.

Other patients have also found that technology can hit a wall in dealing with an exhausting bureaucracy. After Mr. Kerr posted the details of his dispute with George Washington University Hospital on social media, he began helping others contest bills by using chatbots. Even so, some people gave up. Others are still in limbo, awaiting a response.

Success, Mr. Kerr said, often requires persistence, something “A.I. can’t solve for you.”

FOCUS ON HEALTH

Dispensing License Application: Amendment for Medical and Dental Practitioners

Amendment form

Please see attached the required document to amend your license / apply for an additional license. Kindly pay attention to the supporting documents required:

- Certified copy of Identity Document
- Certified copy of your registration card with Statutory Council
- Certified copy of existing dispensing licence
- Proof of payment of the non-refundable amendment application fee of R250 and annual fees.

Once the forms are in order you may send them back to info@foh-cpd.co.za.

Addresses

Sections where your current main license address is asked as well as "Additional / relocation premises physical address must also be typed out on a separate sheet and accompany your application.

UPN3OGZ3W5hPsvLr5myDMFlabgKvgMTtRMJo3ZqH.pdf

Payments

Please note that the Department of Health (DOH) charges an administration fee of R450.00 (additional license / relocation) for an amendment to be processed, as well as any outstanding annual fees.
You may pay the license amendment fee of R450.00 to the DOH using the following banking details:

Bank: ABSA
Account Holder: National Department of Health
Branch: Vermeulen Street
Branch code: 632005
Account No.: 405 364 3510
Account type: Cheque account

We can pay this fee on your behalf for an additional administration fee of R150.00 and add it to the invoice for our service, or you are welcome to pay it to the DOH directly if you wish.

Our Focus on Health administration fees (VAT excl.) are as follows:

- Administration fee: R550.00 per license to be amended.
- Collection of new license: R250.00
- Courier fee: R175.00

These fees need to be paid before an application is handed in at the DoH.

Please note that incomplete applications (see "License application form") will incur an additional administrative fee of R350.00 (VAT exclusive).

Please do not hesitate to contact us if you have any questions or require assistance to complete the forms.

THE PATHCARE NEWS

Approach To Investigating Blood Culture-Negative Endocarditis (BCNE)

PathCare Introduces a New Multiplex PCR Panel to Detect Tick-Borne Pathogens

BACKGROUND

Infective endocarditis (IE) is a globally prevalent condition associated with high morbidity and mortality(1,2). Although historically rare, the annual estimated incidence has increased to 13.8 cases per 100 000 patients, attributable to an increased incidence of degenerative valve disease, intravenous drug use and healthcare-associated invasive procedures(1-3). Despite being uncommon, the diagnosis and management require extensive investigations, and treatment is prolonged, requiring more than one antibiotic targeting the cultured organism. When routine blood cultures fail to isolate the causative organism, known as "Blood Culture-Negative Endocarditis (BCNE)", diagnosis and treatment become particularly challenging, often leading to poorer outcomes (2-4).

The prevalence of BCNE varies by geographical area and the socio-economic context. In South Africa, more than a third of cases are noted to be culture negative (2,4,5). This is commonly due to antibiotic administration before appropriate culture collection, suboptimal culture collection techniques and the presence of fastidious, slow-growing or non-culturable zoonotic organisms. Rarely, non-infectious endocarditis may occur, as a diagnosis of exclusion, in the setting of autoimmune disease such as SLE, anti-phospholipid syndrome, cardiac tumours, underlying malignancy or in those with hypercoagulable states.

Tick-borne and other zoonotic infections are an increasingly recognised but frequently underdiagnosed cause of BCNE, particularly in settings with significant animal and vector exposure such as Southern Africa. Pathogens including *Coxiella burnetii*, Bartonella spp. and Rickettsia spp. are fastidious or non-culturable using standard blood culture techniques and therefore commonly present as culture-negative disease. These infections often have a subacute and non-specific clinical course and require targeted serological or molecular testing for diagnosis. Failure to consider these organisms may delay appropriate treatment and contribute to the poorer outcomes observed in BCNE.

INVESTIGATION OF SUSPECTED BCNE

1. Culture-based methods

An astute history-taking, in combination with positive blood cultures and suggestive echocardiography, remains the optimal method for diagnosing and treating IE. Enquire about specific epidemiological links and risk factors, including exposure to animals (pets and livestock), occupation and dietary habits, e.g. ingesting unpasteurized milk.

When cultures remain negative, the following should be considered:

i. Collect blood cultures optimally.
   - Before any antibiotics are administered
   - Obtain as soon as symptoms occur
   - Collect two or more sets (each set comprising 1 aerobic and 1 anaerobic culture) (3,6)
   - Each bottle should contain 8-10mL of blood (3)

ii. Alert the laboratory that IE is suspected.
   - This ensures prolonged incubation of cultures (e.g. fungal cultures require extended incubation)
   - Alerts laboratory personnel to be observant for organisms that pose a biosafety threat (e.g. Brucella species) or fastidious organisms (e.g. HACEK group).
   - Prompts the laboratory to consider PCR testing, now recognized as a major criterion for IE diagnosis (4,6)

iii. If antibiotics were administered before culture: Consider ceasing antibiotics and repeating blood cultures in stable patients with subacute symptoms, no evidence of localor distant complications, and receiving a very short courseof antibiotics (1)

2.Non-culture-based methods

Test	Sample type	TAT ♗	Request code	Diagnostic method
Serology	Serum sample 1 x SST	4 days	ZSBARHENG ZSBARHENM ZSBARQUIG ZSBARQUIM	*Bartonella henselae and B. quintana* IgG and IgM# [Titres performed if antibodies detected]
		48hrs	SQF	*Coxiella burnettii* (Q-Fever) IgM Phase I/II and IgG Phase I/II [Titres performed if antibodies detected]
		24-48hrs	SBRUC	*Brucella abortus,* IgG and IgM
	Serum sample 1 x SST	4 days	SAGAL	Serum galactomannan (Suggests Invasive Aspergillosis, not diagnostic)
	Serum sample 1 x SST	24-48hrs	SBETA	Serum (1,3)-beta-D-glucan (Fungitell) (Suggests Invasive Candidiasis, not diagnostic)
Molecular/ PCR	Tissue* or Prosthetic valve	24-48hrs	PPCRRIC M2328	Tick-borne disease Multiplex PCR panel
		2-5 days	PM16SRRNA/ PMFUNGI	PanBacterial PCR (16S PCR)/ PanFungal PCR
	EDTA Whole Blood	24-48hrs	PPCRRIC M2328	Tick-borne disease Multiplex PCR panel
		24-48hrs	PPCRRIC M2328	Qualitative PCR for specific aetiology *(Brucella species)*
Other rare causes to consider				
Slow growing and rapidly growing Mycobacter-ial ssp.	EDTA Whole Blood	2-6 weeks	MTBR	Mycobacterial blood culture
	Tissue*¶	24-48hrs	MTBR +C5057	TB investigation (TB PCR, AFB and TB culture)
Chlamydia spp.	*-C. pneumoniae* *-C.trachomatis* *-C. psittaci*		Please contact your local clinical microbiologist to discuss testing options.	
Mycoplasma spp	*-M. hominis*		Please contact your local clinical microbiologist to discuss testing options.	

♗ Note: The turnaround time (TAT) illustrated in the table accommodates 'batched' and 'referred' tests, and is an estimate. Some results may be available sooner. Please discuss with your local clinical microbiologist.

#Common aetiology amongst African cohorts [3].

*Refers to native heart valve post valve replacement /endocardial tissue, both received in **normal saline** or a wound eschar from a tick bite. This can also include a swab of a skin lesion in suspected Bartonella species.

Remember to send a separate sample, in formalin, for Histopathological analysis

THE PATHCARE NEWS

PATHCARE INTRODUCES THE NOVEL TICK-BORNE DISEASE MULTIPLEX PCR PANEL

Recently, the International Society for Cardiovascular Infectious Diseases (ISCVID) proposed updates to both the major and minor criteria of the Modified Duke Criteria, reflecting a growing recognition of the diagnostic value of molecular based techniques in IE.[4,6]

Inalignment with these developments, PathCare will now offer a multiplex PCR assay capable of simultaneously detecting several tick-borne pathogens, many of which are recognized causes of BCNE, while also enhancing our diagnostic capability for other clinically significant tick-borne infections, e.g. Tick-bite fever.

The assay targets include:

Rickettsia spp.	*Borrelia miyamotoi*	*Borrelia burgdorferi sensu lato complex*
Anaplasma phagocytophilum	*Ehrlichia spp.*	*Tick-borne encephalitis virus*
Babesia spp.	*Coxiella burnetii*	*Bartonella spp.*

Clinical indications:
This assay should be considered in:
• Cases of suspected infective endocarditis, where **blood cultures remain negative** after 48-72 hours of incubation.
• Cases with significant epidemiological risk factorssuch as **tick exposure, animal contact, or travel to endemic areas.**
• For **confirmatory diagnosis** in cases where screening serology is positive.

Specimen requirements:
•**Preferred specimens:** Tissuebiopsies including cardiac valve tissue and eschars, whole blood (EDTA) and CSF
•**Minimum volume:** 3–5mL(blood); tissue samples should be placed in sterile containers in normal saline.

This assay provides significant cost efficiencies for both patients and healthcare funders by applying a single PCR tariff to a comprehensive diagnostic panel. It enables an expanded and clinically valuable diagnostic work-up, particularly for the identification of tick-borne pathogens such as Rickettsia species, while also enhancing the investigation of blood culture–negative endocarditis. In addition, the assay is automatically performed alongside qualitative single-target requests at no additional cost, further improving cost-effectiveness and diagnostic yield.

References

1. Delgado,V.;Ajmone Marsan, N.; de Waha, S.; et al. Eur. Heart J. 2023, 44, 3948–4042.
2. Pecoraro,A.J.K.; Pienaar, C.; Herbst, P. G.; et al. BMJ Open 2021, 11, e053169.
3. DeSimone,D.C.; Garrigos, Z. E.; Marx, G. E.; et al. J. Am. Heart Assoc. 2025, 14, e040218.
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Compiled by: Dr Nonkululeko Mntla and the PathCare Microbiology Team

Generational Texting Codes: The Oldies developed their own.

Since Youngsters of Today have their Texting Codes (LOL, OMG, TTYL, etc.), the oldies decided not to be outdone by these kids and have now developed our own codes too :

ATD - At the Doctor's 

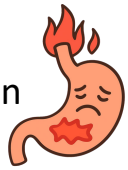
BFF - Best Friend's Funeral 

BTW - Bring the Wheelchair

BYOT - Bring your own teeth 

FWIW - Forgot Where I Was 

GGPBL - Gotta Go, Pacemaker Battery Low 

GHA - Got Heartburn Again 

TFT - Texting From Toilet. 

Now share this with some other oldies, who are 60+, and make their day.

GEMS Flu and Pneumococcal Vaccine

Timely vaccination remains one of the most effective ways to protect members from severe respiratory infections.

gems
Goverment Employees Medical Scheme

GEMS *Flu Vaccine*

The Flu Vaccine is covered from the risk benefit for GEMS members and their dependants. Vaccination against the flu remains the best defence.

GEMS Flu Vaccine Benefits:

- ***The flu vaccine is paid from the Risk benefit and will not deplete members' savings or day-to-day benefits.***
- ***Available to all GEMS members and their dependants across ALL options.***
- ***One flu vaccine per beneficiary per benefit year for everyone 6 months and older.***

Administration Tariff Codes:

Discipline	Administration codes	Notes
General Practitioner	*0017*	*To be charged together with the Vaccine NAPPI codes if there was no consultation*
Pharmacy	*0022*	*To be claimed on the same script number as the Vaccine NAPPI code*
Nurse	*99378*	*To be charged together with the Vaccine NAPPI codes if there was no consultation*

Flu Vaccine: Once per year per beneficiary.

GEMS *Pneumococcal Vaccine*

Vaccination against pneumococcal disease remains the best defense. Please encourage your patients to get vaccinated.

GEMS Vaccine Benefits

The Pneumococcal vaccine claims for eligible beneficiaries will be paid from preventative risk-benefits and will not affect members' savings or day-to-day benefits across ALL options.

Beneficiaries are considered high-risk if they are above 65 years of age with or without any chronic illness or below 65 with one or more of the following conditions:

- ***Chronic heart disease, including congestive heart failure and cardiomyopathies.***
- ***Chronic lung diseases such as chronic obstructive pulmonary disease, asthma, emphysema (chronic lung disease secondary to smoking)***
- ***Diabetes mellitus***
- ***Cerebrospinal fluid leaks***
- ***Cochlear implant(s)***
- ***Alcoholism***
- ***Chronic liver disease***
- ***Immunodeficiencies acquired at birth or later in life, such as HIV infection.***
- ***Chronic renal failure or nephrotic syndrome Various types of Cancer such as Leukaemia, Lymphoma, multiple myeloma, Hodgkin's disease, or other generalised and metastatic malignancies***
- ***Medication-induced immunosuppression because of treatments such as radiation therapy, chemotherapy, and long-term use of corticosteroids***
- ***Solid organ transplant***

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BETTER HEALTH, BETTER VALUE – A MODEL FOR AFFORDABLE, HIGH-QUALITY CARE

Across South Africa, rising living costs continue to place significant pressure on households. For many families, medical aid is one of the most important yet most financially demanding commitments. People are rightly asking how healthcare can remain both affordable and of high quality in an environment where medical inflation consistently outpaces general inflation, in South Africa and globally.

Discovery Health Medical Scheme's approach is grounded in a simple principle: true affordability does not come from cutting benefits or shifting costs to members. It comes from improving health outcomes, managing risk carefully, and using financial strength to give value back to members. This principle is being applied consistently, and its impact is already visible in ways that matter to households.

Discovery Corner "Better health, better value" .....continue to page 45

Discovery CORNER

1. Relief that people can feel immediately – without eroding benefits

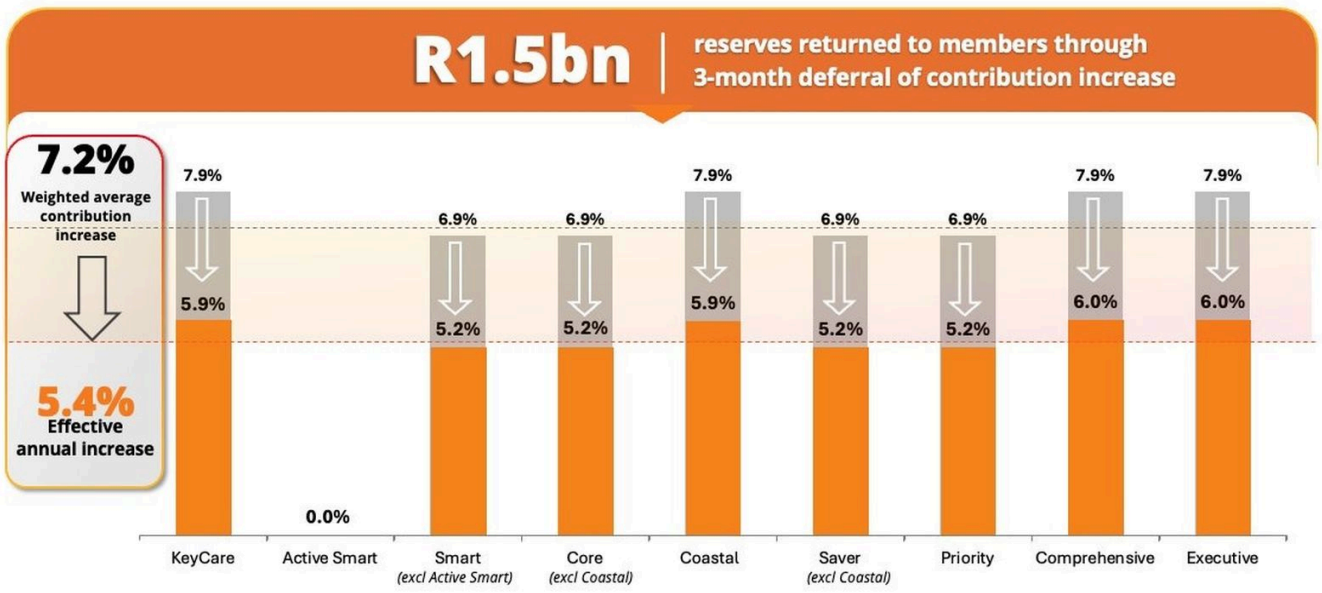
This year's national Budget brought welcome relief for medical scheme members through an increase in medical tax credits for the first time in two years. Individuals can now claim R376 for the first two beneficiaries and R254 for each additional dependant. At a time when every rand counts, this change puts meaningful monthly relief back into members' pockets.

Alongside this, the Scheme implemented a three-month deferral of contribution increases for 2026, with increases taking effect only from 1 April 2026. Members therefore continued paying 2025 contribution rates for January, February and March of this year.

While the weighted average contribution increase for the year is 7.2%, this deferral reduces the effective increase for the full year to around 5.4%—the lowest increase for 2026 among major open medical schemes.

By deferring the increase, the Scheme returned R1.5 billion to members. This decision reflects a clear recognition of the financial pressures households face and provides direct support during what is typically the most financially demanding time of the year.

This approach reflects the Scheme's disciplined contribution strategy. The deferral is not a reduction in benefits, nor a short term discount; it is simply a pause on the annual increase that gives members real, measurable relief without compromising the quality of their cover. While many schemes have increased contributions by between 6.8 percent and 9.9 percent this year, with one significant outlier close to 19 percent, the Scheme has prioritised affordability through careful stewardship rather than through benefit erosion.



Following a 3-month deferral, the weighted average contribution increase of 7.2% across all Discovery Health Medical Scheme plans is effectively 5.4% for 2026

Discovery Corner "Better health, better value" .....continue to page 46

Discovery CORNER

2. Stewardship and sustainability that protects members

A medical scheme's long-term stability is one of the strongest indicators of its ability to keep healthcare affordable. The Scheme maintains solvency of around 32.6%, well above the statutory minimum of 25%. These reserves are not idle funds; they are a protection mechanism designed to ensure claims can be paid reliably, even in times of economic or medical volatility.

Over the past five years, the Scheme has returned more than R11 billion in surplus reserves to members. This includes 21 months of total contribution deferrals and more than R2 billion in additional day-to-day benefits. This pattern demonstrates a clear philosophy: reserves should serve members, not accumulate unnecessarily.
Reserves are not stockpiles. They are commitments honoured and value returned.

3. Innovation that improves health and bends the cost curve

The most effective way to keep healthcare affordable over time is to keep members healthier. Preventing illness, detecting conditions early and supporting the ongoing management of chronic disease all reduce the need for costly interventions later on.

The Scheme's Personal Health Pathways programme is designed with this precision in mind. Rather than a one size fits all approach, each member receives a personalised, data driven health pathway that reflects their age, gender, health risks and clinical history - prompting the right screening tests, healthier behaviours and condition specific support at the right time. This targeted approach helps members take earlier, more informed action, improving outcomes while reducing avoidable healthcare costs.

More than 570,000 members are already engaging with personalised pathways, with close to one million expected to be using the programme by the end of 2026.

Discovery Corner "Better health, better value" .....continue to page 47

Discovery CORNER

The results are compelling:

- More than 870,000 health actions were completed in just six months.
- Members living with chronic disease, who account for a large share of health costs, made up two thirds of these completed actions.
- Cancer screening rates increased by 20 percent, supporting earlier diagnosis and treatment.
- More than 30,000 members completed structured exercise goals for the first time.
- Earlier detection and better management delivered an estimated R200 million in savings in six months.

These outcomes show why innovation is at the heart of long-term affordability. When people stay healthier, the entire system becomes more sustainable.

4. Immediate value for households

While long term benefits matter, families also need immediate support. The Personal Health Fund provides this by helping members pay for everyday healthcare such as GP visits, medicine, pathology and optometry. Members who engage with their Personal Health Pathway can unlock up to R7,000 in total Personal Health Fund value in 2026, with additional support available for child dependants.

This year also includes a once off Personal Health Fund Boost of R1,000 per beneficiary, up to R6,000 per family. These rewards are unlocked through three simple steps - completing a Health Check, activating a pathway and enabling basic activity tracking. These steps support both better health and lower out-of-pocket costs.

A healthcare model built for the future

Affordability and quality are not opposing forces. When a medical scheme strengthens its risk pool, deploys reserves responsibly and invests in innovation that materially improves health outcomes, the result is a model built for long term resilience.

For members, this means access to high quality healthcare at a cost that remains within reach. For South Africa, it demonstrates that progress in healthcare does not have to come at the expense of affordability. **DM**

Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/QUALICARE

Dear Colleagues,

As we approach the new era of increased Government involvement in Health Care Delivery, we anticipate an increase in the speed of implementation of NHI Holding membership of the CPC/Qualicare Network, the largest and most widely representative Medical Network of Healthcare Providers in the Western Cape comprising Doctors, Dentist and Allied Health Care Professionals alike will, we believe, stand in good stead as Government looks to setting up the new Health Care Delivery system for South Africa.

Associate members of CPC/Qualicare offers you the following opportunities:

- Full access to our Monthly newsletter in electronic format.
- Free advertising in our monthly newsletter of your practice related information (max 200 words).
- Free advertising for a locum service, with no commission charges payable.
- Reduced fees to attend our CPC/Qualicare function, at Associate Member's rate.
  (Approximately 30% lower than Non-members rates)
- CPC/Qualicare is committed to providing our members and shareholders with all of their CPC requirements each year. Associate Members receive reduced cost of CPD offerings and other CME offerings compared to non-ember rates.
  (Approximately 30% lower than non-member rates).
- Free listing your practice as part of CPC/Qualicare's Western Cap Electronic Network, your practice will be listed as part of CPC/Qualicare at no charge. (Worth R6000.00 per annum)
- 2 Free stationary items worth R150.00 per month in the form of 1 Prescription pad - 100 leaves, 1 Sick certificate pad - 100 leaves and the ability to purchase further stationary at 30% below current market prices.
- Preferential rates on certain Practice management software systems depending on vendor.
- Inclusion into the CPC/Qualicare Mass email service to receive important health care updates.
- Certain personal banking offerings from commercial banks.
- NHI future possibilities for your practice...Watch this space as NHI starts to roll out!!
- Preferred wholesale and facilitation of opening new accounts with them.
- Assistance with registration of an Integrated Pollution and Waste Information System IPWIS off the Western Cape Government.
- Assist with late medical aid payments, claw-backs, and withholds, as well as advice on practice admin and responses to forensic investigations.

Cost of Associate Membership

- Dentist R355.00 VAT inclusive, per month
- Allied Health Care Professionals R355.00 VAT inclusive, per month

All fees payable by debit order only. Minimum membership period is 12 months with a 3-month notice period thereafter.

Please note that we also offer reduced membership fees for **first time Medical Practitioners** (GP's) in **private practice** for their first year of membership.

Should you be interested in this offering, please email Louna at pa@cpcqualicare.co.za and one of our 5 consultants will make contact with you shortly.

Warm regards,

Dr. Tony Behrman, CEO of CPC/Qualicare

Qualicare Electronic Doctor Network.

Free electronic listing (valued at R6,000.00 per year) of your practice, geographic location, special areas of interest and pictures of your practice can be featured on our Electronic Doctor Network which is only available to CPC/Qualicare Members and Shareholders!!

Our highly successful electronic doctors network see www.qualicaredoctors.co.za has rapidly expanded across the Western Cape Province, and to date has approximately 200 doctors.

As a Member or Shareholder you are still entitled, **at NO charge**, to list your practice on the "EDN" showing your name, practice name, GPS coordinates, areas of special interests, and any specific features which you would like to bring to the attention to prospective patients then please complete and return the form below at your earliest convenience should you be interested to join the growing network.

This is a limited offer open only to Shareholders and Members which is worth over R6,000.00 per year and is brought to you as a member or shareholder benefit at no charge.

Practitioners Details * Compulsory to complete – for a successful listing.

*First Name: _____

*Surname: _____

*Professional Degrees e.g. M.B.ChB._____

_____

Professional Body Memberships: _____

_____

*HPCSA Number: _____

*Board of HealthCare Funders PCNS Number: _____

DOH Disp Lic Number (if applicable): _____

Areas of Special Interest and Focus: e.g. Paediatrics, Bariatrics, Occupational Health: _____

_____

Contact Details

*Contact Number: (Practice)_____

*Email Address: _____

*Alternative Number: _____

Fax number: _____

Practice Details

*Practice Name: _____

Group PCNS: _____

*Practice Address: _____

_____

GPS Location: _____

Qualicare EDN ..... continue to page 50

Qualicare EDN ..... continue from page 49

Please also provide:

1. **Photo of yourself** - So that the patient can familiarize themselves with the Dr they are going to see.

2. **Photo of the outside of the Practice** – So the patient will recognize the correct building and know what to look out for when coming to visit the practice.

3. **A short bio – interests, hobbies & education** – This gives the patient some trust as they will feel they know you and will feel at home.

P**lease feel free to contact Annerè van Pletsen CPC/Qualicare Consultant at annere@cpcqualicare.co.za**

I permit CPC/Qualicare to list my name, surname, the name of my practice, my practice details, and further details provided by me in this application, and my GPS Coordinates on the *"Electronic CPC/Qualicare Doctor Network"* at no cost to me or my practice (tick the appropriate block).

Yes I do agree to the above, in terms of POPIA Act 4 of 2013

☐

Click on the link to complete the form:

https://www.qualicaredoctors.co.za/new-form/

QualiCare

01 March 2026 - 31 March 2026

DOC Web **www.docweb.co.za**

Summary					
Reported period Month February 2026 **First visit** 01 March 2026 - 00:04 **Last visit** 31 March 2026 - 23:59					
	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Viewed traffic *	3,012	4,347	14,388	55,156	31,58GB
		(1.44 visits/visitor)	(3,3 Pages/Visit)	(12,68 Hits/Visit)	(7616,43 KB/Visit)
Not viewed traffic *			11,805	30,057	13,27 MB

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Find us on Instagram cpc_qualicare

Disclaimer:

The entire contents of the CPC/Qualicare Newsletter is based upon the latest and most up to date information at the time of sending.

Due to the fluency of the situation, information changes daily. Please visit our website for more updated information.

This Newsletter is subject to the provisions of the Protection of Personal Information (POPI) Act (Act 4 of 2013), as well as the General Data Protection Regulations of the European Union (GDPR EU). The content of this site and/or attachments, must be treated with confidentiality and only used in accordance with the purpose for which they are intended.

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Images & Articles:

Articles:

1. Patients Are Using Chatbots to Fight Medical Bills, With Mixed Results - The New York Times
2. Parents' consent and children's health: important ruling in Cape High Court | GroundUp
3. 84% of South Africans rely on public healthcare: Cyril Ramaphosa pushes NHI reform
4. Better health, better value - a model for affordable, high-quality care
5. This press statement is issued by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and accredited administrator of medical schemes, on behalf of Discovery Health Medical Scheme, registration number 1125, which it administers.
6. Personal Health Pathways is brought to Discovery Health Medical Scheme members by Discovery Health (Pty) Ltd. Personal Health Pathways is enabled by the combination of Discovery Health's healthcare capabilities and Vitality's behaviour change expertise. Vitality is a separate wellness product, sold and administered by Discovery Vitality (Pty) Ltd.
7. The Personal Health Fund boost is subject to approval by the Council for Medical Schemes
8. The Personal Health Fund is a benefit offered by Discovery Health Medical Scheme.

Images:

www.canva.com

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THE END