

IMPORTANT NOTE: Please complete this form to join the Prime Cure Radiology Network, which is applicable to all Prime Cure and additional managed plans.

Tick the supporting documents included in your application.

- Certified copy of your identity document (not older than 3 months)
- Proof of banking details e.g. stamped bank letter
- Copy of HPCSA registration

Principal Service Provider information

Practice Name: _____

Service Provider ID: _____ Practice Contact Number for submitted claims: _____

Individual Practice Number: _____ Group Practice Number (if applicable): _____

Details of partners/associates/permanent locums

(Complete this only if the person wishes to join the Network or practises under the principal owner's practice number)

Full Name	Practice Number	ID Number

Practice Details

Physical Address: _____ Postal Code: _____

Postal Address: _____ Postal Code: _____

Practice Contact Number: _____ Additional Contact Number: _____

Practice Email: _____ Accounts Email: _____

Administration Email: _____ Practice Manager's Name: _____

Business hours

Monday - Friday - _____ Saturday - _____ Sunday - _____ Public Holidays - _____

If you have additional partners/associates/permanent locums, kindly add the respective licence numbers below

(Please submit a certified copy of the dispensing licence with this Agreement)

Service Provider Name	Practice Number	License Number

Do you make use of a bureau? Yes No

If YES, please provide the name of the bureau: _____

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Satellite Practice

If there are more than two satellite practice addresses, please add to the contract as separate document.

Address of First Satellite Practice: _____
 _____ Postal Code _____

Telephone Number: _____

Address of Second Satellite Practice: _____
 _____ Postal Code _____

Telephone Number: _____

Do you support Kaelo in its commitment to cost-effective treatment choices where appropriate? Yes No

Signature: _____ Date: _____

Please return the completed form to provider.loading@primecure.co.za

1. Banking Details

I/We declare that the details on this Banking Verification form are correct and may be used by Prime Cure for the reimbursement of valid claims. I/We authorise Prime Cure to pay any amounts which accrue to the stated practice to the credit of the stated Service Provider's account into the mentioned bank account.

Account Holder: _____ Bank Name: _____

Account Number: _____ Account Type: _____

Initials and Surname: _____

Signature: _____ Date: _____

2. Recordal

2.1 I, the aforementioned and undersigned participating Service Provider, contract with Kaelo Prime Cure to service the aforementioned benefit options of Kaelo Prime Cure Healthcare, under the terms, conditions and provisions set out in this Agreement. Kaelo Prime Cure invites the aforementioned and undersigned participating Service Provider, to take part in the Agreement with Kaelo Prime Cure.

2.2 Network of Radiology practices to provide basic and specialized radiology services to the beneficiaries of all medical schemes and insurance plans and options and contracts the aforementioned and undersigned Service Provider, to provide such services pursuant to the terms and conditions of this Agreement.

Service Provider Name	Plan Option	Service Provider Name	Plan Option
Anglo Medical Scheme	Value Care Option (001)	Dis-Chem Health	Dis-Chem Health MyHealth Core (403)
Kaelo Health	MyHealth Plus (108)	Dis-Chem Health	Dis-Chem Health MyHealth Plus (404)
Kaelo Health	MyHealth Core (153, 123)	Dis-Chem Health	Dis-Chem Health Accident Cover (405)
Kaelo Health	MyHealth Vital (152, 124)	Dis-Chem Health	Dis-Chem Health Extended Accident Cover
Kaelo Health	Accident Cover (150)		
Kaelo Health	Extended Accident Cover		

Click to view a comprehensive list of medical schemes and insurance options : <https://www.primecure.co.za/schemes-and-administrators/>

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3. Interpretation

- 3.1 “Beneficiaries” means the principal member or dependent as defined in the Act, who have subscribed to the aforementioned benefit options of Kaelo Prime Cure and have to receive their primary healthcare services at a participating Service Provider.
- 3.2 “Confidential information” means all information, methods and processes used in respect of the business of either party, including without limitation, patents, patent applications, trademarks, trade secrets, designs, copyrights, specifications and know-how, and/or financial information and methods, including information regarding patients’ records acquired either directly or indirectly by either party or any other party or person.
- 3.3 “Personal Information” means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person, including, but not limited to -
- information relating to the race, gender, pregnancy, marital status, national, ethnic or social origin, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person;
 - information relating to the education or the medical, financial, criminal or employment history of the person;
 - any identifying number, symbol, email address, physical address, telephone number, location information, online identifier or other particular assignment to the person;
 - the biometric information of the person;
 - the personal opinions, views or preferences of the person;
 - correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence;
 - the views or opinions of another individual about the person; and
 - the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.
- 3.4 “Effective date” means the date on which a contract takes effect or becomes operative & enforceable.;
- 3.5 “Benefit exclusions” means the services not stipulated in Section 4 of Kaelo Prime Cure’s Rules;
- 3.6 “Month” means a month as per the lunar calendar, commencing on the first day of such month and ending on the last day of such month;
- 3.7 “Participating Service Provider” any radiology practice who is ready, will and able or any radiology practice who has entered and remains a party to an agreement, to enter into an agreement with the Scheme for the provision of basic and specialized radiology services to the beneficiaries.
- 3.8 “Payment Hold” means that payments to be made in good faith for services rendered will be put on hold during the period of an investigation/forensic audit which has no predetermined length of time in days.

4. Duration and Termination

- 4.1 This Agreement will become effective in relation to the parties on 1 January 2024 and will remain in force indefinitely subject to the provisions of Clause 3. If you are an existing Service Provider, the terms and conditions of this Agreement will replace any previous agreement between the parties and will apply in respect of any existing and new claims submitted to Prime Cure.
- 4.2 The parties to this Agreement agree that any of the parties may terminate this Agreement at any time with 30 (thirty) days written and signed notice to the other parties, failing which this Agreement will continue in force indefinitely, but with the following provisos:
- 4.2.1 That the Service Provider’s participation in the agreement may be summarily terminated if, at the discretion of Kaelo Prime Cure, it is impossible for the Service Provider to provide unfettered services to the beneficiaries of the aforementioned benefit options.
 - 4.2.2 That from time to time changes to this Agreement may become necessary, including but not limited to the annual determination of fees for the following year and that the Service Provider will be informed by Kaelo Prime Cure of such changes and the deadline, by which the Scheme must receive notice of termination, should the Service Provider wish to terminate the contract as a result of the proposed changes, failing which the Service Provider will be deemed to have elected to accept the changes and continue with this Agreement.
 - 4.2.3 That this Agreement may be terminated/suspended with immediate effect by Kaelo Prime Cure if -
 - The Service Provider is convicted of any crime; or
 - The Service Provider is found guilty by the HPCSA and/or paid an admission of guilt fine to the HPCSA in relation to irregularities with billing or accounts rendered to Kaelo Prime Cure or its beneficiaries; or the Relevant Legal Body for Radiologists
 - An investigation was concluded by the Kaelo Prime Cure forensic auditors and prima facie evidence of a white collar crime was obtained; or
 - Kaelo Prime Cure ascribes to the South African Medical Association Medical Doctor’s Coding Manual (MDCM). Abuse of coding (including but not limited to up-coding, unbundling and optimisation) is not allowed; or the relevant Code of Conduct for Radiologists
 - In the case that the Service Provider has been deemed to be in breach, we reserve the right to suspend or terminate the Service Provider considering findings with immediate effect.
 - 4.2.4 The provider does not conform/comply to the points mentioned in paragraph 1.3.

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5. Rights and Responsibilities of The Parties

5.1 The rights and responsibilities of the parties are set out in the various Annexures to this Agreement.

6. Banking Details of The Service Provider

6.1 The participating Service Provider bears the responsibility to ensure that the correct and latest banking details are registered with Kaelo at all times.

7. Counterparts

7.1 This Agreement may be signed by the parties in counterparts, whether by way of facsimile or otherwise, and each signed copy will be deemed to be an original.

8. Non-variation

8.1 No agreement to vary any of the provisions of this Agreement or to cancel it will be effective unless made in writing and signed by the parties.

9. Annexures

9.1 The following Annexures form part of this Agreement:

- 9.1.1 Annexure A - Radiology Tariff Codes
- 9.1.2 Annexure B - Responsibilities of the Service Provider
- 9.1.3 Annexure C - Responsibilities of Kaelo
- 9.1.4 Annexure D - POPIA
- 9.1.5 Annexure E - Consent to share personal Information

Signed on behalf of Kaelo Prime Cure

Signed at Wanderers on the _____ day of _____ 20 ____

Duly authorised thereto

_____ Full Name: _____

Signed by the Radiologist

Signed at _____ on the _____ day of _____ 20 ____

Participating Service Provider's Signature

Return together with initialled Annexures to provider.loading@primecure.co.za

A. Radiology Tariff Codes

1. The fees payable by Kaelo to contracted Service Providers in terms of this Agreement constitute an offer from Kaelo to contracted Service Providers directly, which the contracted Service Provider is either free to accept or reject by entering into this Agreement. The fee offer from Kaelo to contracted Service Providers will be reviewed annually and will apply from 1 January of the year to 31 December of the same year.
2. Please note that claims may be rejected in the event that incorrect tariff codes are used, or the beneficiary's membership is no longer active at the date that the claim is being submitted. This may be the case regardless if prior authorisation was given for the treatment, or if there has been a subsequent change in membership status. Service Providers are advised to verify the beneficiary's membership status at the time of submitting a claim by logging onto the Service Provider dashboard. In the event that a claim is rejected, it will be the responsibility of the Service Provider to approach the policyholder for payment and Kaelo Prime Cure will have no liability towards the Service Provider in the event of a claim being rejected.
3. The contracted Service Provider will have the right to accept or reject the new fee structure and in the case of rejection, terminate his/her participation in the contract.
4. Balance billing, although acceptable, does not form part of this Agreement and is not permitted.
5. Split billing is unethical in terms of the HPCSA.
6. This Agreement substitutes any previous agreement that the contracted Service Provider may have entered into directly or indirectly with the beneficiary.
7. Procedures, for which there are no benefits or where the benefits have been exhausted, may be offered as a service by the Service Provider, who must arrange for payment directly by the beneficiary.
8. Where we have paid claims to you and it is established that the claims were not due to you, we will have the right to recover such monies from you, or to recover this from any future claims due to you.

Code	Description
10100	X-ray of the skull
11100	X-ray of the facial bones
11120	X-ray of the nasal bones
12100	X-ray orbits less than three views
12110	X-ray of the orbits
12120	X-ray of the orbits for foreign body
13100	X-ray of the paranasal sinuses
13110	X-ray of the paranasal sinuses
13130	X-ray of the naso-pharyngeal soft tissue
14100	X-ray of the mandible
14130	X-ray of the teeth single quadrant
14140	X-ray of the teeth more than one quadrant
14150	X-ray of the teeth full mouth
15100	X-ray tempero-mandibular joint
15110	X-ray tempero-mandibular joint
16100	X-ray of the mastoids
16110	X-ray of the mastoids
16140	X-ray internal auditory canal
17100	X-ray of the sella turcica
18100	X-ray of the salivary glands and ducts for calculi
18110	X-ray of the salivary ducts
18200	Ultrasound of the salivary glands/floor of the mouth
20100	X-ray of soft tissue of the neck
20200	Ultrasound of the thyroid
20210	Ultrasound of soft tissue of the neck
30100	X-ray of the chest
30110	X-ray of the chest two views
30120	X-ray of the chest complete with additional views
30150	X-ray of the ribs
30155	X-ray of the chest and ribs
30160	X-ray of the thoracic inlet
30170	X-ray of the sterno-clavicular joints
30180	X-ray of the sternum
30200	Ultrasound of the chest wall

Code	Description
30210	Ultrasound of the pleural space
30220	Ultrasound of the mediastinal structures
34200	Ultrasound study of the breast
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect
43100	X-ray pelvimetry single
43110	X-ray pelvimetry multiple views
43220	Ultrasound study of the testes
43250	Ultrasound study of the pregnant uterus
43270	Ultrasound study of the pregnant uterus
43273	Ultrasound study of the pregnant uterus
43277	Ultrasound study of the pregnant uterus
50100	X-ray of the spine scoliosis view AP only
50110	X-ray of the spine scoliosis view AP and lateral i
51100	X-ray of the cervical spine
51110	X-ray of the cervical spine
51120	X-ray of the cervical spine
51130	X-ray of the cervical spine
52100	X-ray of the thoracic spine
52110	X-ray of the thoracic spine
52140	X-ray of the thoracic spine
53100	X-ray of the lumbar spine - stress study only
53110	X-ray of the lumbar spine
53120	X-ray of the lumbar spine
53130	X-ray of the lumbar spine
54100	X-ray of the sacrum and coccyx
54110	X-ray of the sacro-iliac joints
55100	X-ray of the pelvis
56100	X-ray of the left hip
56110	X-ray of the right hip
56120	X-ray pelvis and hips
56140	X-ray of the hip/s - stress study
60100	X-ray upper limbs - any region - stress studies on
60200	Ultrasound upper limb - soft tissue - any region

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Code	Description
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61128	X-ray of acromio-clavicular joints plus stress stu
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder
61140	X-ray of the left shoulder plus subacromial imping
61145	X-ray of the right shoulder plus subacromial impin
61150	X-ray of the left subacromial impingement views on
61155	X-ray of the right subacromial impingement views o
62100	X-ray of the left humerus
62105	X-ray of the right humerus
63100	X-ray of the left elbow
63105	X-ray of the right elbow
63110	X-ray of the left elbow with stress
63115	X-ray of the right elbow with stress
64100	X-ray of the left forearm
64105	X-ray of the right forearm
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
65150	X-ray of the left wrist
65155	X-ray of the right wrist
70100	X-ray lower limbs - any region- stress studies onl
70120	X-ray of the lower limbs full length study
70200	Ultrasound lower limb - soft tissue - any region
71100	X-ray of the left femur
71105	X-ray of the right femur
72100	X-ray of the left knee one or two views
72105	X-ray of the right knee one or two views
72110	X-ray of the left knee
72115	X-ray of the right knee
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
72130	X-ray of the left knee with stress views
72135	X-ray of the right knee with stress views
72140	X-ray of left patella
72145	X-ray of right patella
72150	X-ray both knees standing - single view
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74110	X-ray of the left ankle with stress views
74115	X-ray of the right ankle with stress views
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus
74135	X-ray of the right calcaneus
74140	X-ray of both feet - standing - single view
74145	X-ray of a toe
74150	X-ray of the sesamoid bones one or both sides

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A. Group Responsibilities

1. Groups

- 1.1 Before a group can be registered on the Network, all associates / partners / members / directors must complete and sign a copy of the Agreement.
- 1.2 It remains the group's responsibility to ensure that all new associates / partners / members / directors / treating providers of the group are registered on the Network whenever there are structural changes in the group.
- 1.3 The group mutually agree that during the existence of this Agreement, a nominated signatory may be appointed by the group who will be permitted to sign and enter into this Agreement on behalf of all the partners/ members/ associates or directors where one of the members are not available to sign and enter into this Agreement due to e.g. business commitments outside the borders of South Africa etc. and therefore not to delay the registration onto the Network.

B. General Responsibilities

- To be appropriately registered with the relevant registration authority and to submit claims under the aforementioned Billing Practice/Treating Practice number.
 - To provide clinically appropriate and cost-effective treatment to members;
 - Where clinically indicated, to operate within the relevant scheme's protocols, formularies and referral processes, and scheme benefit structures;
 - To ensure that Kaelo Prime Cure is provided with all relevant documentation, for example, dispensing license (For primary Service Provider and/or additional treating providers stipulated on this document) and kept updated on changes.
 - To treat all patients with dignity and respect, and to put their interests first;
 - To maintain a clean, safe and appropriately equipped facility;
 - To raise any concerns or direct any complaints to your allocated Relationship Manager timeously;
 - Submit all claims in the prescribed format electronically to the prescribed destination code on the relevant tariff codes, and ICD-10 codes as per the applicable legislation;
 - To formally verify that the patient's ID and or date of birth matches his/her membership details;
 - To bill according to the agreed fee and to undertake not to balance bill or charge members any additional fees outside this agreed fee structure for the services covered by the Kaelo Prime Cure option scheme benefits;
 - To timeously communicate any changes in practice or relevant information to Kaelo Prime Cure prior to any change;
 - To obtain the necessary authorisation where applicable according to the Kaelo Prime Cure protocols;
 - To utilise the Service Provider dashboard portal to verify membership
- 1.1 As the product Service Provider responsible for overseeing the services rendered to the beneficiaries, Kaelo Prime Cure will from time to time require access to the Personal Information pertaining to beneficiaries. Such Personal Information is required to enable Kaelo Prime Cure to conduct regular forensic reviews as referred to in 4.4 above. The Service Provider undertakes to obtain consent to share such personal information from the beneficiaries, in the form and manner as prescribed in Annexure E. A copy of such consent will at all times be available on request by Kaelo Prime Cure. Should such consent not be available, it will be the responsibility of the Service Provider to obtain such consent from the Member / Policyholder.

Responsibilities of Kaelo

1. Kaelo will create a list of participating Service Providers, together with their contact details and the physical addresses of their practices.
 - 1.1 This list will be updated within five (5) working days of receiving the information of a newly registered participating Service Providers.
 - 1.2 An updated list will be published on the Kaelo website for use by the beneficiaries..
2. Kaelo will also be responsible for all aspects related to Network management, including but not limited to the following modalities: joint communication, agreement support, dispute resolution, contract breach and ongoing education of participating Service Providers.
3. Kaelo will inform the participating Service Provider of any changes in the Scheme rules pertaining to the benefit options.
4. Kaelo will pay the participating Service Provider for all valid claims within 30 days from the date of receipt of the claims by electronic fund transfer into the Service Provider's account.
5. To reimburse you at the agreed negotiated fee;
6. To endeavour to move towards seamless, effective and efficient interactions with your practice;
7. To allocate a specific Outbound Relationship Specialist to your practice for training and assisting your personnel on the claims processes, other Kaelo Prime Cure processes and protocols and to endeavour to move towards seamless, effective and efficient interactions and efficient query resolution processes that you can address directly with your MHC Liaison Manager;
8. To follow a fair/equitable process in the establishment of the Kaelo Prime Cure Network, with an ethos of creating and maintaining sustainable partnerships;
9. To follow a communication strategy to ensure that service providers are regularly communicated to and provided with any relevant updates with regards to any Network related requirements and processes;
10. To confidentially discuss and resolve any queries, complaints and concerns that you might have as our valued service provider;
11. To promote your practice (this may include listing your practice on the website or lists to be distributed to these client scheme members).

POPIA

This POPIA Annexure (the “Annexure”) forms an Annexure to the service agreement entered or to be entered into between Kaelo and the Service Provider (the Agreement entered or to be entered into between Kaelo and the Service Provider and all Annexures and/or Addendums hereinafter collectively referred to as the “Main Agreement”).

This Annexure is therefore incorporated in the Main Agreement and should be read with the provisions of the Main Agreement. Should any conflict arise or inconsistencies exist between the provisions of the Main Agreement and this Annexure, then the provisions of this Annexure will prevail.

1. In this Agreement,
 - ‘operator’ means a person who processes personal information for a responsible party in terms of a contract or mandate, without coming under the direct authority of the responsible party. For the purposes of this Agreement, the operator is the Service Provider;
 - ‘personal information’ means any information about a living human being or existing juristic person provided that someone is capable of identifying them from that information;
 - ‘POPIA’ means the Protection of Personal Information Act 4 of 2013;
 - ‘processing’ means doing anything with personal information, including gathering it, disclosing it, or combining it with other information;
 - ‘responsible party’ means the person who determines the purpose of and means for processing personal information. For the purposes of this Agreement, Kaelo is the responsible party;
2. The Service Provider will comply with all applicable data protection laws, rules, codes, and standards.
3. The Service Provider will only collect, disclose, use, or otherwise process personal information in accordance with Kaelo Prime Cure’s lawful and reasonable instructions.
4. The Service Provider must establish and maintain security measures to secure the integrity and confidentiality of any personal information that it processes for Kaelo Prime Cure and will follow the requirements in section 19 of POPIA.
5. The Service Provider agrees to indemnify, defend, and hold Kaelo, those related to Kaelo, and personnel of Kaelo, harmless from and against any claim, demand, loss, damage, cost, or liability (including legal costs) arising out of or relating to the Service Provider failing to comply with its obligations under this clause.
6. The Service Provider will take all reasonably necessary steps to prevent any personal information from being accessed by an unauthorised third party. This means the Service Provider will not process any personal information unless they have implemented and maintained security measures that ensure the confidentiality, integrity, and availability of the personal information in terms of generally accepted information security practices and procedures. The Service Provider must implement the following technical and organisational security measures as a minimum standard of protection:
 - compliance (and ensure that its personnel comply) with Kaelo’s data protection and information security policies and procedures;
 - information security management systems;
 - physical security;
 - access control;
 - encryption during transmission across any publicly accessible network;
 - awareness, training, and security checks for their personnel;
 - incident response management;
 - business continuity;
 - audit controls; and
 - due diligence.
7. The Service Provider will only process personal information to provide the goods or services in terms of this Agreement, and follow Kaelo’s instructions.
8. The Service Provider will not process the personal information for any purpose other than to provide the goods or services in this Agreement. Kaelo may provide written consent to use it for another purpose.
9. The Service Provider will keep all personal information it receives confidential and will not (or allow anyone else to) disclose it for any purpose other than for performing their contractual obligations in terms of this Agreement or as otherwise allowed in terms of the law, regardless of whether they received it before or after the effective date of this Agreement.
10. The Service Provider will ensure that any third parties they have engaged to provide services on their behalf, that require them to process Kaelo’s personal information, enter into confidentiality agreements on terms no less stringent than the terms of this Agreement.
11. The Service Provider will immediately notify the information officer of Kaelo where there are reasonable grounds to believe or when the Service Provider becomes aware that personal information processed by the Service Provider for Kaelo has been accessed or acquired by any unauthorised person (‘the incident’). The Service Provider will:
 - cooperate with Kaelo at all times,
 - follow Kaelo’s instructions regarding the incident, and
 - let Kaelo perform a thorough investigation into the incident, formulate a correct response and take suitable additional steps in respect of the incident.

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12. The Service Provider will help Kaelo comply with any valid requests it receives for access to personal information. The Service Provider will notify Kaelo if the Service Provider receives any requests for access to personal information and follow Kaelo's related instructions.
13. The Service Provider must immediately comply with any Client request or instruction requiring the Service Provider to correct, transfer, destroy, delete or otherwise process the Personal Information, or to stop, mitigate or remedy any unauthorised processing. The Service Provider will promptly provide written confirmation of such compliance to the Client following receipt of the Client's request or instruction.
14. The Service Provider will bind its personnel and contractors with appropriate confidentiality and non-use obligations in relation to any personal information.
15. Kaelo (or its customers) will own all personal information that is processed related to this Agreement.
16. The Service Provider (or any subcontractor) must not transfer, process or otherwise process Personal Information outside the Republic of South Africa without obtaining the Client's prior written consent.
17. The Service Provider will have a disaster recovery facility and plan and make it available to Kaelo on request. In the event of a disaster, the Service Provider will implement the disaster recovery plan.
18. The Service Provider may only subcontract its rights or obligations relating to the processing of personal information for Kaelo with the prior written consent of Kaelo. If it does, it will conclude a written agreement with the subcontractor, which imposes the same obligations in relation to the processing on the subcontractor as are imposed on the Service Provider under this Agreement. If the subcontractor fails to fulfil its obligations under the subcontractor agreement, the Service Provider will remain fully liable to Kaelo for the fulfilment of its obligations under this Agreement.
19. The Service Provider will permit Kaelo to initiate independent audits to determine compliance with this Agreement. Service Provider will grant Kaelo (or its appointed representative) access (and give necessary assistance) to inspect, audit, and review. The Service Provider will also allow Kaelo to take copies of all paper and electronic documents, records, and logs of the Service Provider relating to the processing of personal information.
20. At the end of this Agreement, the Service Provider will give back all personal information that it has to Kaelo. If Kaelo agrees, the Service Provider may destroy the personal information it has and provide Kaelo with a certificate of destruction at Kaelo's request.
21. The Service Provider will, at its cost, take out and maintain adequate insurance cover to meet any liability under this Agreement with a reputable insurance company to be approved by Kaelo in writing. If Kaelo asks for it, the Service Provider will produce proof:
 - that the insurance policy exists.
 - that it is paying all premiums; and
 - that the insurance policy is in full force and effect.
22. The Service Provider will remain liable to Kaelo for any loss or damage caused to Kaelo because of the Service Provider providing the goods or services, or a breach of any Service Provider warranties, which is not recoverable from the insurer or which Kaelo suffers or incurs because of no or insufficient insurance cover for any reason. The insurance cover will prohibit the substitution of another party without the written consent of the insurer and Kaelo.
23. If the Service Provider breaches this clause, Kaelo may regard it as a material breach of the Agreement.
24. The Service Provider warrants that it will comply with all its obligations under this clause.
25. The termination, cancellation, or expiry of this Agreement will not affect the enforceability of the terms in this section that are intended to operate after expiry or termination.
26. Both parties agree to a written termination notification of 30 days or one calendar month.

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Kaelo Provider

Consent to Share Information

(to be completed by Kaelo policyholders)

About You (“The Beneficiary”)

Name and Surname: _____

Identity Number: _____ Policy Number: _____

Consent to Share Information

I am aware that Kaelo Prime Cure as the product Service Provider oversees the rendering of services to me in terms of my policy. Kaelo Prime Cure will need access my Personal Information, as set out below, in order to conduct clinical audits and reviews to monitor the services rendered by the Healthcare Provider to me.

I consent that my doctor may share my Personal Information with Kaelo Prime Cure for such purposes, until such time as I revoke my consent in writing.

The Personal Information

The Personal Information will include the following information, in respect of the Policy, and services rendered in terms of the Policy:

Biographic	Membership number, date of birth, ID number, telephone number, physical, postal and email address.
Financial	Banking details, premiums paid, contribution and tax certificates.
Benefit	Information pertaining to your membership/benefit status and other information. Subject to your policy.
Medical	Current medical information and history i.e. chronic conditions, hospital procedures, health record, claims details and history etc. as it pertains to my policy.

We Will Keep Your Personal Information Safe

We will keep your Personal Information safe and only use the information for the purposes set out in this form. We will, however, not be responsible for any loss as a result of using the information as set out in this form.

Signature

My signature below indicates my understanding of and agreement to comply with the terms of this consent form.

Name and Surname: _____ Signature: _____

Signed at _____ on (date) _____