



UNIVERSITY OF MALAWI MEDICAL SCHEME

NOTICE FOR NEW SERVICE PROVIDERS

1. Name of Provider/Service : Lilongwe Institute of Orthopaedics and Neurosurgery (LION) Hospital

Location : Lilongwe

Accessibility : All UNIMED members under Comprehensive, Comprehensive-EX, Zikomo, Standard, Standard-EX and Abale Covers

All members will be required to pay a shortfall of **15%** of the total medical bill.

2. Name of Provider/Service : International Blantyre Cancer Centre

Location : Blantyre

Accessibility : All UNIMED members under Comprehensive, Comprehensive-EX, and Zikomo covers.

All members will be required to pay a shortfall of **25%** of the total medical bill.

UNIMED MANAGEMENT

3. Name of Provider/Service : Premier Specialist Clinic for Eye and Skin
Location : Blantyre
Accessibility : All UNIMED members under Comprehensive, Comprehensive-EX, Zikomo, Standard, Standard-EX and Abale Covers.
All members will be on **referral** and will be required to pay a shortfall of **15%** of the total medical bill.

4. Name of Provider/Service : Hope Med Private Clinic (for OPD Services)
Location : Zomba
Accessibility : All UNIMED members under Comprehensive, Comprehensive-EX, Zikomo, Standard, Standard-EX and Abale Covers at **100%** cover

UNIMED MANAGEMENT