CLAIM FORM 2024

Gap Plus & Premier Co-Payment Cover Plan
Gap Plus & Premier Standalone Cover Plan

1. The minimum claim value is R100.00 and claims have to be submitted within 180 days of the hospital discharge date giving rise to a claim.
2. The issue of this form does not constitute an admission of liability under the policy.
3. Should this claim be approved the payment will automatically be credited to the account details as provided on this claim form. The settlement payment is inclusive of VAT. In terms of Section 8(8) of the Value-Added Tax Act of 1991, the Insured (being a VAT vendor) has a potential obligation to declare output tax.
4. The banking details provided for payment of this claim must be the client's. No direct payments will be made to service providersfor Gap shortfall claims.
5. Email the completed claim form and supporting documents to schemes2@healthacc.co.za or fax to 086 660 5273.
6. Depending on the treatment codes, additional information may be required.

The following documents are required per type of claim:

GAP CLAIMS
- Fully completed, signed and dated claim form.
- Hospital account for pre-authorised hospitalisation.
- Medical Scheme statement reflecting shortfalls in Medical Practitioner account.
- Copies of the Medical Practitioner invoices for treatment in hospital.

CO-PAYMENT CLAIMS
- Fully completed, signed and dated claim form.
- Hospital account reflecting Co-Payment.
- Proof of payment of the Co-Payment value/ Copy of Co-Payment Claim Assist Forms submitted
- Copy of the Medical Scheme statement reflecting hospital account.

Client Personal Details - please complete all blocks

Main Member Surname		Broker Name	
Main Member Name(s)		Member Telephone Number	
Main Member ID Number		Name of Medical Scheme	
Patient Name(s)		Medical Aid Option	
Patient Relationship to Main Member		Gap Cover Policy Number	
Employer Group Name			

Medical Details - please complete all blocks

Medical condition claiming for	
Date of hospitalisation	
Pre-authorisation number:	
When did the patient first receive treatment and/or advice in the above regard?	

Note - if you do not know the medical term for the condition you are claiming for - please indicate the reason for hospitalisation, e.g. back surgery, shoulder operation

Underwritten by Health & Accident Underwriting Managers (Pty) Ltd
(FSP 376) on behalf of Non-Life Insurer Compass Insurance Co Ltd
Tel: 011 234 7333 Fax: 086 660 5273 Email: schemes2@healthacc.co.za
Physical Address: 22 Stiglingh Road | Rivonia | Gauteng | 2128

Compass Insure

Please complete the following details of the doctor you consulted for this incident / medical condition:

Name		Telephone Number	

Electronic Funds Transfer - Policyholder's Bank Account Detail

Account Number		Account Type	
Account Holder Name		Branch Name	
Bank Name		Branch Code	

DECLARATION AND AUTHORISATION By Policyholder or Legal Representative

I certify that my banking details are correct, failing which, Health & Accident Underwriting Managers (Pty) Ltd is absolved against all direct losses, liabilities, suits,proceedings, costs, demands, charges and expenses (including all legal and professional fees and disbursements) in respect thereof. I accept that it is my responsibility to inform Health & Accident Underwriting Managers (Pty) Ltd of any changes in my banking details, failing which Health & Accident Underwriting Managers (Pty) Ltd will accept no responsibility for changes which are not communicated or not communicated timeously. I further declare that the information given is true and complete to the best of my knowledge and belief and authorise any hospital, physician or other person who has attended to me or my depedants to furnish Health & Accident Underwriting Managers (Pty) Ltd or its representatives any and all information with respect to any sickness or injury, medical history, consultations, prescriptions or treatment, and copies of all hospital records. I agree that a photocopy or facsimile of this authorisation shall be considered as effective and as valid as the original.

Signature		Date	