Member Claim Submission Form CL1

Please indicate your scheme

AS Healthplan ◯ A Healthplan ◯ B Healthplan ◯ C Healthplan ◯ Student Healthplan ◯

Tel: ______________________

Name of principal member		Date
Main member number		Signature
Employer group name		

Patient name	Membership number	Service Provider Name	Treatment Date	Amount Claimed	Currency

Banking Details

Bank Name			
Branch Name			
Branch Code		Account Type	
Account Number			

To avoid delayed claims processing, members are reminded to ensure the following:

1. That invoices submitted are originals and not copies, and that services provided are also detailed on the invoices. (Summary invoices are not acceptable).
2. That proof of payment is attached for each invoice i.e. payment receipts that have service provider's logo or stamp on it.
3. That any claim for Rehabilitation therapy and/or appliances has a doctor's referral letter/motivational report and a therapist's report.
4. That any pharmacy prescribed medicines claims have a doctor's prescription copy attached
5. That claims invoices written in foreign languages are translated and certified by recognized institutions, preferably Embassies.