

Member Claim Submission Form CL1

Please Indicate your scheme/healthplan

Scheme AS Scheme A Scheme A+ Scheme B Scheme B+ Scheme C Scheme C+ Scheme ISS

Name of principal member		Membership No.		Date submitted	
Employer group name		Contacts		Signature	

Patient name	Membership No.	Service Provider Name	Treatment date	Amount claimed	Currency

Banking details (for claim payments)

Bank Name		Account number	
Branch Name		Account type	

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 have a doctors prescription copy attached
5. That claim invoices written in foreign languages are translated and certified by recognized institutions, preferably Embassies
6. **That proof of travel is attached i.e. stamped passport if you sought service outside Botswana**
7. That the claim is submitted within 120 days/4 months from time of service