

Member Claim Submission Form CL1

Please indicate your scheme																								
Scheme AS Scheme A Scheme B Scheme C Scheme DS Scheme DH Student Scheme O																								
Tel:																								
Name of principal member														Da	te									
Main member number														Sig	natu	re								
Employer group name																								
Patient name		Membership Service number					Pro	Provider Name					Treatment Date				Amount Claimed				C	Currency		
																	\perp							
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.

