



IMPORTANT INFORMATION!

Please complete the following form and return it to Total Risk Administrators for attention GAP CLAIMS DEPT. as follows: Via e-mail to claims@totalrisksa.co.za OR by fax to (011) 372 1579 OR by post to P.O. Box 8012, Greenstone, 1616

FOR OFFICE USE ONLY

Date received, Date captured, Documents needed, Hospital Account, Medical Aid Statement, Service Provider Statement, Policy Number, Captured by

SECTION 1: PERSONAL DETAILS

Medical Scheme, Option, Title, First Names, Surname, Date of Birth, ID Number, Contact Numbers, Email Address, Med Aid No, Gap Policy No, Initials

POSTAL ADDRESS

COMMENTS

Code

SECTION 2: CLAIM DETAILS

Table with columns: Beneficiary Name, Treatment Date, Provider Name, Practice Number, Amount Claimed

TOTAL

It is very important that the medical aid statement reflecting the claims submitted, the hospital account and the doctor's statements are provided with this claim! If these documents are not attached it will be considered an invalid claim.

SECTION 3: REQUIRED DOCUMENTATION

The following documentation is required BEFORE a claim can be processed: First 2 pages of Hospital Account, Medical Aid Statement, Doctor / Service Provider Statement

SECTION 4: POLICYHOLDER'S BANKING DETAILS - FOR CLAIMS REFUND PURPOSES

Bank, Account Number, Account Holder, Branch, Branch Code, Cheque, Savings, Transmission, Other

I, \_\_\_\_\_

the undersigned, declare that the afore-going details are, to the best of my knowledge true, correct and complete.

MEMBER SIGNATURE

Date

As per the terms and conditions of this policy all the required information must be submitted to TRA within 3 months of the date of medical aid processing the claim after which the claim will be considered "stale". Refunds are generally made directly into the policyholder's bank account.