

OUT OF NETWORK OR EMERGENCY CONSULTATIONS CLAIM FORM

Important Information

1. The benefit is limited to 3 visits per family per annum to a maximum of **R 1 236** per family per year. This limit includes the costs for the general practitioner consultation, procedures, medication, radiology and pathology. Only in respect of emergency and after hours services. No benefit payable for facility fees.
2. You will be required to pay the accounts upfront before submitting for reimbursement.
3. You will also be required to provide detailed claims for these claims including receipts for payments you have made for these visits.
4. All claims must be submitted within 4 months from treatment date. Any claims submitted after the claiming period will be your responsibility.
5. Refunds are by Electronic Fund Transfer (EFT) only. Your bank details are therefore compulsory in ensuring that you receive the funds due to you.
6. Please keep copies of all documents as well as the proof of submission.
7. Claims can be sent via fax to 086 762 4050 or emailed to claims@topmedms.co.za.

PERSONAL INFORMATION

Member number: _____

Full Name and Surname of Member: _____

Member Tel no: (W) _____ (H) _____ Cell no: _____

Email _____

BANK DETAILS FOR REIMBURSEMENT (compulsory)

Name of Account holder														
Type of Account	Cheque Account						Savings Account							
Bank														
Branch code														
Account number														

DETAILS OF CLAIMS SUBMITTED FOR PAYMENT

Details required	Account 1	Account 2	Account 3	Account 4
Name of Doctor				
Practice number				
Treatment Date				
Time treatment was received	HH:MM	HH:MM	HH:MM	HH:MM
Amount				

Member Signature: _____

Date: _____