Topmed Medical Scheme
PO Box 1462, Durban, 4000
Client Services: 0860 00 21 58
Website: www.topmed.co.za

CLAIM FORM FOR LIMITED OPTION

Date Submitted D D M M Y Y Y Y

Membership Number

Name

Surname

ID Number

Disclaimer: As per the Schemes rules, the Limited option requires members to first settle their claims with their providers and then complete and submit a claim form with their claims to the Scheme for reimbursement. By submitting this form members confirm that payment has been made to their providers and are therefore requesting reimbursement.

First Name of Family Member	Name of Service Provider	Invoice or Account Number	Date of Service	Claim Settled with Provider (Y/N)	Amount Requested
				Total	
				Less 20 %	
				Nett Amount Requested	

Member's Signature: _____

Topmed Medical Scheme reserves the right to list members who are found guilty of comitting unethical behaviour, abuse, collusion or fraud with the Board of Healthcare Funders Fraud Management Unit and with a Credit Bureau. This information can be viewed by all of the medical schemes that have a contract with the Board of Healthcare Funders Forensic Management Unit.