

## Western Gap Claim Form

In order for a Claim to be valid, there are certain basic criteria that have to be met. These include, but are not limited to:

- Your contributions being paid up;
- You being a member of a valid South African Medical Scheme;
- You having been hospitalised (certain procedures such as an Endoscopic procedure, CT Scan and Chemotherapy does not require hospitalisation - Please refer to your Policy for the listed outpatient procedures that are covered);
- Your procedure not involving drug/alcohol rehabilitation or admission for depression or dental implants (please refer to the Policy for a full list of exclusions);
- Having obtained an authorisation number for the procedure from your Medical Scheme;
- Your Specialist, i.e. your surgeon or your anaesthetist, having charged a higher rate than your Medical Scheme reimbursement rate, i.e. you having a shortfall;
- Your Medical Scheme option requiring you to pay a Co-Payment or upfront Deductible (If a Benefit is provided), not related to the use of providers or authorisation/referral processes (unless a Benefit is provided);
- You receiving Accidental Emergency Treatment (as defined in the Policy) in a hospital casualty ward, and your Medical Scheme not covering this from the In-Hospital risk portion of your Medical Scheme;
- You having exceeded your limit for oncology Treatment;
- Your Medical Scheme option requiring you to pay a Co-Payment for oncology Treatment.
- You spend three days or more in a stepdown or recovery facility following a severe hospitalisation event;
- The main member suffered a death, accidental death or total and permanent disability.

- 1 Once you have established that you have a valid Claim, you will be required to complete this Claim form. Please note that this is not an automatic process, and you will be required to submit a separate Claim form to the Claim that has been submitted to your Medical Scheme.
- 2 When submitting the Claim form, you will also need to provide a copy of the relevant Specialists' accounts, Hospital accounts and Medical Scheme statement showing the processing of the accounts and the shortfall. Please note that the Claim will not be processed until all documents have been received.

You have six months from the first day that you were hospitalised to submit your Claim and relevant documentation.

- 3 Any Claim received for the first time after the six month period has expired, will not be honoured. Should a portion of the documentation be received within the six month period, the Claim will be held pending for a further six month period, after which it will go stale and will not be honoured.

Please note that if you are a VAT registered vendor, this insurance claim settlement could potentially create a liability to pay output VAT to SARS i.t.o. S8 (8) of the VAT Act

Claims can be e-mailed to [western@kaelo.co.za](mailto:western@kaelo.co.za).

Once received, your Claim will be processed and if all requirements have been met, the Benefit amount will be paid within seven to 14 working days.

Please direct all queries to the Kaelo Service Centre on **0860 100 8258**.

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme. This Policy is not a substitute for Medical Scheme membership.

Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931).  
Underwritten by Western National Insurance Company Limited (FSP 9465).

## Western Gap Claim Form

IMPORTANT NOTE: Complete, sign and return the Claim form to [western@kaelo.co.za](mailto:western@kaelo.co.za).

### A Policyholder Details:

Title: _____	Initials: _____
Surname: _____	Name: _____
Employer Name: _____	Employment Date: _____
ID Number: <input type="text"/>	
Medical Scheme Name: _____	Medical Scheme Plan: _____
Medical Scheme No: _____	Gap Policy No: _____
Cell No: <input type="text"/>	Home No: <input type="text"/>
Work No: <input type="text"/>	
Postal Address: _____	
_____	Code: _____
E-mail Address: _____	

### B Payment Instructions:

Payments will only be made to the Policyholder's account.  
No payments will be made to credit card accounts.  
The company will not be liable for the loss of funds due to the provision of incorrect bank details by the Policyholder.

Bank Name: _____	
Account No: _____	
Branch Code: _____	Branch Number: _____
Account Holder Name: _____	
Account Type: Cheque <input type="radio"/> Transmission <input type="radio"/> Savings <input type="radio"/>	
Account Holder Signature: _____	Date: _____

### C Patient Details:

Title: _____	Initials: _____
Surname: _____	Name: _____
ID Number: <input type="text"/>	
Relationship: Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/>	Other: _____
Cell No: <input type="text"/>	
E-mail Address: _____	

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## H Benefit Claimed | Oncology-First Time Diagnosis

Type of Cancer: \_\_\_\_\_

Diagnosis Date:

Is this a first time cancer diagnosis?:  Yes  No

## I Declaration:

I hereby declare that the person mentioned under Claimant details is nominated under the abovementioned Policy, that all the particulars given are true and complete, and that the hospitalisation was not wholly or partly, directly or indirectly, caused by the contingencies mentioned in both the General and Specific exceptions attached to the Policy in question. I further declare that the above statements are true and that I have withheld no material information and that I undertake to furnish any documentation which may be required by the Insurance Company or its representatives. I expressly waive all provisions of law, custom or professional etiquette forbidding any physician or other person who attended or examined the Claimant, or any institution in which the Claimant received Treatment, to disclose any knowledge or information which was thereby acquired and agree that this authority shall remain in force until cancelled in writing. I authorise all such persons or agencies to furnish any information in their possession to Kaelo or its representatives.

Kaelo Risk (Pty) Ltd reserves the right to negotiate a discounted rate with the relevant service providers on your behalf, if a discount is granted, payment will be made directly into the respective service provider's bank account thus rendering the Payment Instruction on the Claim Form null and void.

Policyholder Signature: \_\_\_\_\_

Date:

## J Claims Checklist / Upload

In order for us to assess your Claim without any delays, please ensure you have the following documents:

### Shortfalls, Accidental Casualty, Co-payments, Oncology, Dental Implants and Step-down Facility

- Claim Form
- Relevant Doctors Account
- Medical Claims Statement
- Hospital (If Hospitalised) / Step Down Account
- Oncology Treatment Plan (Oncology Claims)

### Contribution Waiver and Accidental Death and Disability Benefit

- Claim Form
- Copy of Death Certificate
- Police Report (In Case of Accidental Death)
- Disability Report (Attending Doctor to Complete)
- Medical Scheme Membership Certificate

### Dental Reconstruction Benefit

- Claim Form
- Relevant Doctor's Accounts
- Medical Claims Statement
- Hospital Account
- Dental Surgeon Motivation (Accident and Oncology)

### Oncology-First Time Diagnosis

- Claim Form
- Medical Reports
- Histology Reports
- Test Results
- Scheme Oncology Treatment Plan

Please note that your Claim cannot be assessed until you have submitted all the relevant documentation.

Please submit this form, along with your documents, to [western@kaelo.co.za](mailto:western@kaelo.co.za)

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