

Sanlam Gap Cover 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 defined in your Policy;
 - Your Medical Scheme option requiring you to pay a Co-Payment for Oncology Treatment defined in your Policy.
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 sanlamclaims@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 **0861 111 167**.

**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.**

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Important note

Complete, sign and return the claim form to sanlamclaims@kaelo.co.za.

A. Principal Member Details

Title: _____ Initials: _____
Surname: _____ Name: _____
Employer Name: _____ ID Number:
Medical Scheme Name: _____ Medical Scheme Plan: _____
Medical SchemeNo: _____ Gap Policy No: _____
Cell Number Home Number
Work Number
Postal Address: _____
_____ Code:
Email 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: _____
Account Holder Name: _____
Account Type: Cheque Transmission Savings
Account Holder Signature: _____

C. Patient Details

Title: _____ Initials: _____
Surname: _____ Name: _____
Cell Number ID Number
Relationship: Self Spouse Child Other: _____
Email Address: _____



D. Event Details

If you are claiming for the Medical Scheme Contribution Waiver and Family Protector Benefits, please do not complete this section.

Did the procedure take place: In-Hospital Doctors Rooms Casualty Ward

Was the hospitalisation as a result of an accident?: Yes No

Hospital/Service Provider Name: _____

Procedure Details/Reason for Hospitalisation: _____

Admission / Event Date:

Discharge Date:

E. Benefit Claimed | Shortfalls or Accidental Casualty:

Please complete this section if you are claiming for Shortfalls or Accidental Casualty.

Service Date	Doctor's Name	Doctor's Charged Amount	Medical Scheme paid	Shortfall you are claiming

F. Event Details | Innovative Medicine, Co-Payments and Deductibles:

Please complete this section if you are claiming for Innovative Medicines, Co-Payments and Deductibles.

Date	Service Provider	Amount

G. Event Details | Medical Scheme Contribution Waiver and Family Protector:

Please complete this section if you are claiming for the Medical Scheme Contribution Waiver and Family Protector Benefits.

Select the benefit you are claiming for:

Medical Scheme Contribution Waiver: Death Medical Scheme Contribution Waiver: Permanent Disability

Family Protector: Death Family Protector: Permanent Disability

Date of Death/Accident: *Please attach a copy of the Death Certificate and Police Report (if an accident)*

Details leading to disability: _____

Medical Scheme Premium: R _____

Please attach a copy of the Medical Scheme Membership Certificate



H. Event Details | Hospital Booster:

Please complete this section if you are claiming for the Hospital Booster Benefit.

Admission Date	Discharge Date	Service Provider

I. Event Details | Family Booster:

Please complete this section if you are claiming for the Family Booster Benefit

Due Date	Birth Date	Patient ID

J. Event Details | Dental Reconstruction – Lump Sum:

Was the event related to: Accident Oncology Treatment

Please confirm the date of the accident or treatment:

If this event was related to Oncology Treatment, please confirm the date you were first diagnosed:

K. Declaration by Principal Member

I, (full Name) _____ with ID Number 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.

Full Name: Signature:

Date:

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Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931). Underwritten by Centriq Insurance Company Limited (FSP 3417). Sanlam Health Limited Reg no 1998/021121/06 Sanlam is a Licensed Financial Services and Registered Credit Provider (NCRCP43)

T 0861 111 167 E sanlaminfo@kaelo.co.za



L. 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 and Deductibles, Oncology Co-payments and Deductibles, Oncology Sub-limits and Innovative Medicines

- Claim Form
- Claims Transaction History (Request from Scheme)
- Hospital Account (Request from hospital)
- Relevant Doctor's Account (Request from Doctor)

Accidental Casualty

- Claim Form
- Claims Transaction History (Request from Scheme)
- Hospital Account (Request from hospital)
- Relevant Doctor's Account (Request from Doctor)

Family Protector/ Contribution Waiver

- Claim Form
- Death Certificate
- ID of Claimant & Deceased
- Accident Report (If accidental)

Family Booster

- Claim Form
- Letter Confirming Expected Delivery Date and Actual Delivery Date (Request from Doctor)

Hospital Booster

- Claim Form
- Hospital Account (Request from hospital)

If you would like to make use of our RAF assistance benefit kindly email sanlamgap@kaelo.co.za with your accident details and we will put you in touch with the service provider.

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

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