

Not Sure How to Claim?

Follow these 2 easy steps to claim:



Scan the QR code, fill in the form and submit the necessary documents.



We'll keep you updated with your claim via email and SMS.



Or, you can:

Claim from Kaelo Gap via email if you prefer, you will need to submit the following documents to kaelogap@kaelo.co.za:



A completed Kaelo Gap Claim form, (www.kaelo.co.za/kaelogap-claim-form/)



Hospital accounts



A copy of the Specialist's account/s



A copy of your Medical Scheme's statement showing the processing of the account and the shortfall

Here Are Examples Of The Required Documents

ERC CONSULTING INC
DRS HOLT & PARTNERS
 VAT NUMBER: 496227813
 4th Floor of the Elizabeth Tower 1410
 Postnet State: 369
 Private Bag X51
 Bryanston
 2021

ERC consulting Inc
 PRACTICE NUMBER: 0423629
 REGISTRATION NUMBER: 2008/000260/21
 TEL: 0661-ERGROUP(374768)
 FAX: 096-560-2977
 e-mail: info@ercconsulting.co.za
 Web: www.ercconsulting.co.za
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Your account No: ERC STATEMENT 13-01-2023

MS
RYNFIELD
 1514

MED AID: DISCOVERY
 MED AID NO:
 TEL
 TEL
 TEL

Date	Patient (Doctor)	Quantity	Reason (Referral)	Invoice Amount	Total Amount	Med Aid	Patient	Balance
27-12-2022	Attending provider: Marnie Practice no: 0423629 Council no: SP5982178 Service centre: NETCARE LINED 7062 Emergency department visit for the week ICD-10: Z78.4Y34.99 Place of Service: 23	01	01	683.70	683.70	683.70	0.00	683.70
Total outstanding:				683.70	683.70	683.70	0.00	683.70

Summary of outstanding amounts

Medical Aid	Med Aid	Patient
0.00	683.70	683.70
Total	0.00	683.70

R 1192.30 was paid to Holt And Partners on 10 Aug 2022. More details... [2022-08-24]

PLEASE USE OUR REFERENCE / ACCOUNT NUMBER (ERC) AS A DEPOSIT REFERENCE AND SEND YOUR PROOF OF PAYMENT TO RECON@ERCORPORATE.CO.ZA

Example of a doctors account.

Discovery
 Health Medical Scheme

CLAIMS TRANSACTION HISTORY Date: 2023/01/19 Time: 07:00:17

This shows your previous claim transactions.

Report details:
 Member name: _____ Date of entry: 2016/05/01 Service date from: 2022/11/00
 Employer name: _____ Membership no: _____ Date of withdrawal: 0000/00/00 Service date to: 2023/01/19

Year	Annual Threshold	Pro rata Threshold	Annual Medical Savings Account		Pro rata Medical Savings Account	
			RD	RD	RD	RD
2022						
2023						

Patient Extension	Request date	Process date	Claim reference	Amount claimed	Discovery health rate	Coverable expenses		Other payment		Claim status		Date of paid	EC
						2022	2023	2022	2023	Transferred	Finalised		
NETCARE HOSPITAL	2022/12/01	2023/01/06	ANALG	244	1519	0.00	0.00	0.00	0.00	0.00	244	0.00	251
NETCARE HOSPITAL	2022/12/01	2023/01/06	ANALG	683.70	1519	0.00	0.00	0.00	0.00	0.00	683.70	0.00	251
NETCARE HOSPITAL	2022/12/01	2023/01/06	ANALG	244	1519	0.00	0.00	0.00	0.00	0.00	244	0.00	251
Total No Out of pocket						683.70	683.70	0.00	0.00	0.00	683.70	0.00	251

Scheme statement example.

5 BULL ROAD
 RYNFIELD
 BENONI
 1501

NETCARE HOSPITALS (PTY) LTD T/A
 NETCARE LINED HOSPITAL
 Pract ice nr: 5808988
 Reg. No: 1996/065561/07
 Tels Nr: 011 748 6200
 Vat Reg: 4410229209

P.O BOX 13028
 NORTHEAST, BENONI
 1511
 Fax Nr: 011 425 2594

TAX INVOICE Date: 12.01.2023 Page: 1

Mess: _____ CUSTOMER NUMBER: _____
 FROM DATE : 27.12.2022 09:45:20
 TO DATE : 27.12.2022 11:45:20

PATIENT NAME : Master FORENAME :
 MEDICAL AID : DISCOVERY ESSENTIAL CORE D.O.B :
 NUMBER ID : EMPLOYER : MISCOR
 DEPENDANT CODE: 03 ID NUMBER :

Example of a hospital invoice.