

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 Western Gap via email if you prefer, you will need to submit the following documents to western@kaelo.co.za:



A completed Western Gap Claim form, (www.kaelo.co.za/western-gap-claim-form-2)



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 Colson Centre 14/1

PRACTICE NUMBER: 0423629
REGISTRATION NUMBER: 2008/000260/21

Podnet Suite: 369
 Private Bag X51
 Bryanston
 2021

TEL: 0661-ERGROUP(374768)
 FAX: 066-560-2977
 e-mail: info@ercconsulting.co.za
 Web: www.ercconsulting.co.za
 Page 1

Your account No: ERC **STATEMENT** **13-01-2023**

MS
RYNFIELD
1514

MED AID DISCOVERY
 MED AID NO:
 TEL
 TEL

Date	Patient (Doctor)	Code Description	Quantity	Rate (Unit/Rate)	Invoice Amount	Total Amount	Med Aid	Patient	Balance
27-12-2022		016801	01469751P		663.70	663.70	663.70		663.70
Attending provider: Mankie Practice no: 0423629 Council no: SP1582178 Service centre: NETCARE LINKED 7062 Emergency department next to the main ICD-10: T78.4Y34.59 Place of Service: 23									
Total outstanding:						730	663.70		663.70

Summary of outstanding amounts

Medical aid	Med Aid	Patient
	0.00	663.70
Total	0.00	663.70

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 Attention	Treatment date	Process date	Claim reference	Annual amount	Discovery health rate	Contribution expenses		Other payment		Claim points		Claim of paid amount	SC
						2022	2023	RD	RD	Transfer	Transfer amount		
NETCARE HOSPITAL	2022/12/01	2023/01/05	ACH01	244	244	15198.88	0.00	0.00	0.00	0.00	244	0.00	244
NETCARE HOSPITAL	2022/12/01	2023/01/05	ACH02	663.70	663.70	11136.00	0.00	0.00	0.00	0.00	663.70	0.00	663.70
NETCARE HOSPITAL	2022/12/01	2023/01/05	ACH03	214.00	214.00	11986.50	0.00	0.00	0.00	0.00	214.00	0.00	214.00
Total No. Out of pocket				1122.70	1122.70	15678.38	0.00	0.00	0.00	0.00	1122.70	0.00	1122.70

Scheme statement example.

5 BULL ROAD
 RYNFIELD
 BENONI
 1501

NETCARE HOSPITALS (PTY) LTD T/A
 NETCARE LINKED HOSPITAL
 Pract ice nr: 5808888
 Reg. No: 1896/046554/07
 Tels Nr: 011 748 6200
 Vat Reg: 4410223209

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

Page: 1
 Date: 12.01.2023

TAX INVOICE

From: Mss
 RYNFIELD
 BENONI
 1514

Customer number: _____
 Date: 12.01.2023

FROM DATE : 27.12.2022 09:45:20
 TO DATE : 27.12.2022 11:45:20

PATIENT NAME : Mster
 MEDICAL AID : DISCOVERY ESSENTIAL CORE
 MEMBER ID :
 DEPENDANT CODE: 03

FORENAME :
 D.O.B :
 EMPLOYER : MIBOR
 ID NUMBER :

Example of a hospital invoice.