

## 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 premiums being paid up;
- You being a member of a valid South African Medical Scheme;
- You having been hospitalised (certain procedures such as a Gastroscopy or Colonoscopy procedure, CT Scan and Chemotherapy does not require hospitalisation - Please refer to your Policy for the listed outpatient procedures that are covered);
- 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 (This will only apply if your Sanlam Gap cover option includes a benefit for Co-payments & deductibles ). This excludes penalty co-payments applied by your medical scheme for the use of a Non- Network hospital (unless your Sanlam Gap option includes this as a specified benefit);
- You receiving Accidental Emergency Treatment (as defined in the Policy) in a hospital casualty ward where there is a difference between the total cost of treatment and the amount paid by the Medical Scheme from your hospital/ risk benefit. If payment is made from your available Medical Savings account, or from your own pocket, this portion will be reimbursed;
- 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.
- 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.

- 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.

- Any Claim received for the first time after the six month period has expired, 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 are assessed on a line by line basis. Each line has a code on your healthcare or service provider's account and this accounts for the total amount charged.

These codes describe the medical procedure that was performed or the service that was provided.

Your medical aid must pay a portion of the cost of a coded line from your hospital or risk benefit in order for that claim line shortfall to be covered by your Gap cover unless you are claiming for a benefit with different qualifying criteria such as a Family protector or a defined co-payment.

Claims can be e-mailed to [sanlamclaims@kaelo.co.za](mailto: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 7 to 14 working days.

Please direct all queries to the Kaelo Service Centre on **0861 111 167**.

- **PMB Claims**

Claims flagged as Prescribed Minimum Benefit (PMB) medical procedures or claims with a high values may be investigated with your medical aid or discussed with your service provider. PMBs are a set of defined benefits that medical aids are required to cover by law. This means that as a medical aid member, you shouldn't incur any out-of-pocket medical expenses related to a PMB.

Processing of insurance information is done in accordance with applicable legislation, as well as our Privacy Policy which can be found in our Compliance and Trust Centre on via the following websites:

[www.kaelo.co.za](http://www.kaelo.co.za) and [www.centriq.co.za](http://www.centriq.co.za)

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)  
Insurance Products are underwritten by Centriq Insurance Company Limited ("Centriq")  
a licensed non-life insurer and authorized Financial Services Provider (FSP 3417)

T 0861 111 167  
E [sanlaminfo@kaelo.co.za](mailto:sanlaminfo@kaelo.co.za)

## Claims Checklist / Upload

### Please note

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

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

### Tariff Shortfalls, Accidental Casualty, Child Illness Casualty, Co-payments and Deductibles, Oncology Co-payments and Deductibles, Oncology Sub-limits and Innovative Medicines

- Fully completed Claim Form. **Sections B to E and L are mandatory. Sections F and G** should be fully completed depending on the benefit that you are claiming for.
- Detailed Medical Scheme statement including rejection reasons.
- Detailed Hospital Account including admission and discharge dates.
- Detailed Doctors' Accounts where there is a shortfall being claimed. (Request from the Doctor. Please note that a quote is not sufficient.)

### Contribution Waiver and Family Protector

- Fully completed Claim Form. **Sections B to E and L are mandatory. Section H** should be fully completed in order to claim for this benefit.
- Death Certificate
- ID of Claimant and Deceased
- Accident Report (If reported to SAPS)

### Family Booster

- Fully completed Claim Form. **Sections B to E and L are mandatory. Section J** should be fully completed in order to claim for this benefit.
- Letter Confirming Expected Delivery Date and Actual Delivery Date (Request from Medical Doctor)

### Hospital Booster

- Fully completed Claim Form. **Sections B to E and L are mandatory. Section I** should be fully completed in order to claim for this benefit.
- Hospital Account (Request from Hospital)

### Dental Reconstruction Benefit

- Fully completed Claim Form. **Sections B to E and L are mandatory. Section K** should be fully completed in order to claim for this benefit.
- Detailed Medical Scheme statement including rejection reasons.
- Detailed Doctors' Accounts where there is a shortfall being claimed. (Request from the Doctor. Please note that a quote is not sufficient.)

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

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## Claim Form

### Important note

Complete, sign and return the claim form to [sanlamclaims@kaelo.co.za](mailto:sanlamclaims@kaelo.co.za).

### A. Policyholder Details

Title: \_\_\_\_\_ Initials: \_\_\_\_\_  
Surname: \_\_\_\_\_ Name: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Medical Scheme Name: \_\_\_\_\_ Medical Scheme Plan: \_\_\_\_\_  
Medical Scheme No: \_\_\_\_\_ 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: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Relationship to Policyholder:  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.

Where 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 and Child Casualty Illness

Please complete this section if you are claiming for Tariff 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

Was the hospitalisation as a result of an accident? *(Only accidents are covered)*:  Yes  No

Date of Death/Accident: \_\_\_\_\_ *Please attach a copy of the Death Certificate and Police Report.*

Details leading to disability: \_\_\_\_\_

Medical Scheme Premium: \_\_\_\_\_ *(Amount in Rands) 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

Please complete this section if you are claiming for the Dental Reconstruction Benefit.

Was the event related to:  Accident  Oncology

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: \_\_\_\_\_

Service Date	Provider Name	Practice Number	Amount Claimed	Doctor's Charged Amount	Medical Scheme Paid	Shortfall You Are Claiming



## K. Declaration by Policyholder

I, \_\_\_\_\_ (full name) 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/Doctor's bank account thus rendering the Payment Instruction on the Claim Form null and void.

Full Name:

Signature:

Date:

## POPIA Consent

I consent to Centriq Insurance, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

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