Stratum Benefits

# 2022 CLAIM FORM | TRAUMA COUNSELLING COVER

## 1. YOUR PROFILE

### PRINCIPAL INSURED DETAILS

Title | Name

Surname

ID/ Passport | Contact Numbers | or

Email Address

### PATIENT DETAILS

◯ Please indicate if the patient is the principal insured, in which case the below details aren't required.

Title | Name

Surname | ID/Passport

Medical Aid | Medical Aid No.

Medical Aid Plan

## 2. TRAUMA EVENT DETAILS & COUNSELLING DATES (For your Trauma Counsellor to complete)

*Our **TRAUMA COUNSELLING COVER** applies when counselling is necessitated by a traumatic event. Which event pertains to your patient?*

◯ My patient has witnessed / is directly affected by an act of physical violence or an accident

◯ My patient mourns the death of a loved one

◯ My patient received word of a loved one's / their own diagnosis of a critical illness

◯ Other (please state)

Critical Illness

Counselling Date – –

## 3. TRAUMA COUNSELLOR DECLARATION

*As the Trauma Counsellor who's consulting/consulted with the patient, I hereby declare that the information provided is true and correct.*

Trauma Counsellor Name

Practice Number

Practice Stamp / Trauma Counsellor Signature

## 4. YOUR CLAIM REIMBURSEMENT PROFILE

*The approved claim amount will be paid into the bank account number provided. We don't accept any responsibility or liability for a claim payment made into an incorrect bank account.*

Bank | Account Number

Account Holder

Account Type

◯ Cheque ◯ Savings

Account Holder Signature

## 5. AUTHORISATION & DECLARATION ACCEPTANCE

I declare that the details and supporting documents submitted are true and correct. I understand that non-disclosure or false representation may result in the rejection of any claim and/or the cancellation of cover.

I hereby authorise my medical aid and healthcare providers, where applicable, to provide Stratum Benefits or their authorised representatives with any information that they need to assess my claim.

Principal Insured Signature

Date – –

Email **yourclaim@stratumbenefits.co.za**
Please enquire if you've not received feedback within **10 working days** from submitting the Claim Form