

Claim Form

Important note

Please complete, sign and return the Claim Form to: **Gapinfo@centriq.co.za**

- 1 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 You have six months from the last day that you were hospitalised to submit your Claim and relevant supporting documentation. Any Claim received for the first time after the six month period has expired, may not be honoured.
- 3 Please note that if you are a VAT registered vendor and the loss was incurred in furtherance of your enterprise, this insurance claim settlement could potentially create a liability to pay output VAT to SARS i.t.o. S8 (8) of the VAT Act.
- 4 Claims are assessed on a line by line basis. Each line has a ICD code on your service provider's account that accumulates to the total amount charged. Your medical scheme must pay a portion of the cost per line from your hospital benefit in order for that claim line shortfall to be reviewed by your Gap cover.
- 5 Claims flagged as Prescribed Minimum Benefit (PMB) may be investigated with your medical scheme or discussed with your service provider. PMBs are a set of defined benefits that medical schemes are required to cover by law. This means that as a medical scheme member, you shouldn't incur any out-of-pocket medical expenses related to a PMB.
- 6 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: www.centriq.co.za.
- 7 When submitting the Claim form, you will need to provide supporting documents as detailed below in the checklist. Claims can be emailed to **Gapinfo@centriq.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 10 working days. Please direct all queries to the Sanlam Gap Service Centre on **0861 111 167**. To view, visit the **Sanlam Gap Claim Journey**.

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

Claims Checklist	Tarriff Shortfalls, Sub-limits, Co-Payments, Accidental Casualty & Child illness Where to get it?	Shortfalls & Co-Payments Accidental Casualty & Child Illness	Family Booster	Hospital Booster	Family Protector	Contribution Waiver	Mediclinic Extender & Oncology Lump Sum
Sections to complete		A - E & J	A - D, H & J	A - D, G & J	A - C, F & J	A - C, F & J	A - D, I & J
Claim form		✓	✓	✓	✓	✓	✓
Hospital account <i>(not statement)</i>	Hospital	✓		✓			
Doctor account <i>(not quote)</i>	Doctor's Practice	✓					
Medical scheme statement <i>(Including rejection reasons)</i>	Medical Scheme	✓					
Death certificate	Home Affairs					✓	
Accident report <i>(if reported to SAPS)</i>	SAPS					✓	
Letter confirming expected vs actual delivery date	Medical Doctor/ Doctor's Practice		✓				
Medical Report confirming Cancer diagnosis and date of Diagnosis from stage 2 or higher	Oncologist / Pathologist						✓



L. Declaration

I, (full name) with ID number

declare that the information, including all supporting documentation, provided to Centriq the insurer in support of my claim is true and correct. I understand that any non-disclosure or false information may result in my claim not being paid or the cancellation of my cover.

I hereby authorise my medical scheme and healthcare providers, where applicable, to provide Centriq the insurer or their authorised representative with any information they may need to assess my claim.

Centriq the insurer 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

Use of Personal Information Declaration

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

May we contact you for marketing purposes, for example, when we run competitions or launch new products?

Yes No

How may we contact you?

Email SMS/WhatsApp Telephone only All methods

Please return the completed claim form to:

E-mail address: Gapinfo@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.

AfroCentric Health ^(RF) (Pty) Ltd holds preference shares in Centriq Insurance Company Limited.
Insurance Products are insured by Centriq Insurance Company Limited ("Centriq") a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

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