GENERAL CLAIM FORM

829 Rubenstein Drive, Moreleta Park, Pretoria, 0044
Telephone: 010 021 0260 I **Email:** claims@curaadmin.co.za

Compliance Office: Moonstone Compliance (Pty) Ltd

CLAIM FORM: GAP AND CANCER COVER

We care that the claims process is seamless. If you need any assistance submitting your claim or any advice, please call our friendly customer service consultants at telephone no: 010 021 0260. Please always consult your broker if in doubt.

HOW TO CLAIM

All required relevant documents must be submitted to us within 180 (hundred and eighty) days after the event date. Claims can be emailed to **claims@curaadmin.co.za.**

Documents Required:

- Cura Administrators claim form completed and signed by the policyholder.
- Detailed hospital and related accounts substantiating your claim.
- Medical scheme statement reflecting all the payments made by your medical scheme for the treatment dates of the health event.
- Completed medical reports substantiating the clinical information or any other documentation if requested by our claims team.
- Pre-authorisation letter from your medical scheme for co-payment claims.
- Proof of banking details
- Value Added Benefit claims: documentation and certification which may include reports from a registered medical practitioner confirming total permanent disability.
- Initial Cancer Diagnosis: we require a histology report.

FOR CLAIMS RELATING TO ACCIDENTAL DEATH:

- Certified copy of BI-1663 form / death registration form;
- Certified copy of a cancelled ID
- Certified copy of the nominated beneficiaries' ID
- Proof of banking details
- Any additional reports where applicable (this may cause a delay in payment of the claim)

Important Information

- Any benefit payable in respect of hospital confinement shall only become due at the end of a period of such confinement;
- Any claims in terms of this policy will lapse after 12 calendar months from the date of occurrence of the insured incident if the claim is outstanding and not a subject of a then pending court case;
- We must assess a claim within a reasonable time and inform the member of our assessment within 10 days of finalising a claim;

Disputes

Disputes have been determined by Notices 1213 and 1214 as published in Government Gazette 33881 on 17 December 2010. The notice can be summarised as follows:

- An insurer must accept, reject or dispute a claim within a reasonable time;
- An insurer must notify the policyholder in writing of the decision taken in paragraph (1) within 10 days of the decision;
- The notice should include
  - a) Reasons for the decision
  - b) Option for policyholder to make representations ("dispute") to claim within 90 days of receipt of the notice
    - I. Insurer must respond in writing within 45 days of receipt of this notice
  - c) The obligation to inform the claimant that he or she has the right to lodge a complaint to:
    - I. The FAIS Ombudsman (for any complaints against an intermediary – broker, administrator or underwriting manager); and / or
    - II. The ombudsman for Short-Term Insurance or Long-Term Insurance (for any complaints against the insurer)
    - III. Time limitation for institution of legal action, i.e. within 9 months for receipt of notice of assessment.
- All benefits payable shall be paid to the Principal Insured Member and not the service provider;
- No benefit payable shall carry interest.

WHEN WILL A CLAIM (BENEFIT) BE AUTHORISED FOR PAYMENT?

- Once we have confirmed validity of your policy and dependants.
- Once we confirm your premium payments are up to date.
- Once we have validated your claim using sub-contracted administrators if required.
- Once we have confirmed benefits for the claim ICD-10 Coding.
- Upon all policy conditions having been met.
- Upon confirmation of a valid HPCSA practice number.
- Once all required documents have been received.
- Depending on the benefit design of your chosen medical scheme option:
  - a) Hospital Plan: Benefits will be paid in the event that your option pays a portion of the claim.
  - b) Savings Plan: Benefits will be paid in the event that your option pays a portion of the claim. However, the value settled by the Insurer will be limited to the Gap portion after the scheme has defrayed the scheme rate of the claim provided that there was an accumulated or allocated savings balance at the time of claim.
  - c) Traditional medical scheme option: Benefits will be paid in the event that your option pays a portion of the claim.

POLICYHOLDER DETAILS

Cura Policy | Cura Policy Number

Surname | Initials | Title

Full Name

ID/Passport Number | Date of birth | Gender Male | Female

Telephone (H) | Cell Phone

Telephone (W) | Email Address

Claim Number:
Office Use Only

Joining Date:
Office Use Only

PATIENT DETAILS

Name and Surname | Title

ID/Passport Number | Date of birth | Relationship to Policyholder

Contact Number | Email Address

-Medical Scheme | Medical Scheme Option

Medical Scheme No | Date Joined

Please complete this section if your claim relates to our Accidental Death benefit

Name of Beneficiary | Title

ID/Passport Number | Date of birth | Relationship to Policyholder

Contact Number | Email Address

(If the patient is a minor, the form must be signed by the parent or guardian, who confirms that they are the competent and authorised person to sign on behalf of the minor)

Patient / Beneficiary Signature | **Date**

CLAIM DETAILS

Submitted Documents | Medical Scheme Statement | Claim form | Dr's account | Hospital account | Proof of Bank Account | Other

Admission Date | Discharge date

Date of Service	Service Provider

For claims relating to Accidental Death

Submitted Documents | Certified BI-1663 (Death Certificate) | Copy of Deceased ID | Copy of Beneficiary ID | Proof of Beneficiary Bank Account | Date of Death

BANK ACCOUNT DETAILS

Name of Account Holder

Name of Bank | Account Number

Branch Name | Branch Code

Type of Account: | Current Account | Transmission Account | Savings Account: | Other

Signature as used for operating on the account | **Date**

DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

M That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme product.

H The sharing of claims information and underwriting information by Insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases.

O I specifically consent to Cura Administrators (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my claim form. I further consent to such information being disclosed to Cura Administrators(Pty) Ltd for purpose of verifying the disclosed information as provided on my application form.

П As part of the claims validation process we may use the services of a third party in order to authenticate medical scheme membership, plan option type, relevant beneficiaries and agreed medical scheme option tariffs amongst other relevant information to validate the claim.

p Cura Administrators(Pty) Ltd reserve the right to call for additional information of a clinical nature. In the event that Cura Administrators requests a PMA (Post Medical Assessment) from my doctor as part of the claims assessing and authentication process.

C I authorise Cura Administrators to negotiate with service providers on my behalf for my medical claims and/or bill and pay the provider direct.

T In the event of a bereavement related claim the Insurer will pay the benefit into the policyholder or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. Cura Administrators will require the full name, surname and ID to note the beneficiary. At the time of a claim Cura Administrators will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss, or should Cura Administrators be unable to confirm the identity of the beneficiary, payment will always be made into the policyholder's account.

Signed at | **on this** | **day of** | **20**

Signature of Policyholder / Authorised Signature