

Claim Form (for Fusion, Gap Cover, Gap Cover Plus and Gap Cover Max products)



Specialised Insurance [SOLUTIONS]

Personal Details of Principal Member

(This must be the Xelus principal member – not the principal member of the medical aid)

Surname:		First Name:	
ID Number:		Telephone:	
Cell Phone:		e-mail:	
Employer Name:		Branch Name :	
Switchboard No:		Date of Employment:	
Medical Scheme:		Membership Number:	
Name of current Benefit Option:			

Details of Patient & Service Providers

Patient's Surname:		First Name:	
ID Number:		Gender:	
Hospital Admitted to:			
Admission Date:		Discharge Date:	
Nature of Illness or Condition:			
Procedure Performed:			
Name of Surgeon:		Practice No:	

Reimbursement Details (Principal Member's Account Only)

Account Name:		Bank name:	
Account Number:		Account Type:	
Branch Name:		Branch Code:	

This form must be completed in full, signed by the principal member and submitted with all of the following additional documentation:

- **Detailed claims transaction remittance from your medical scheme.**
- **The relevant accounts from all doctors and the Hospital (only first 4 pages required).**
- **A copy of both sides of your valid medical aid card.**
- **Proof of date of employment (A letter from your employer or a copy of your latest pay slip -the remuneration details can be blanked out).**

Please note we **cannot** process your claim without the required documentation. These can be scanned and e-mailed to claims@xelus.co.za or faxed to **086-501-8521**. Claims need to reach our offices within **4** months from the date of discharge – claims submitted after **4** months will not be covered.

Declaration by Principal Member

By placing my signature below I hereby declare that the details above as well as the supporting documentation supplied with this claim are true and correct and I am aware that any non-disclosure or false representation may result in the rejection of this claim and/or cancellation of the insurance cover without refund.

Signed: _____ Full Name: _____

Date: _____

GCCF-1010

Xelus is an authorised financial services provider. (FSP No: 36931)

t : (0 1 1) 3 2 7 - 2 8 1 1

e : info@xelus.co.za

w : www.xelus.co.za