



CLAIM FORM FOR THE REIMBURSEMENT OF *OUT OF NETWORK OR **EMERGENCY CONSULTATIONS

Important Notes and Instructions

1. An *out of network consultation refers to a consultation at a non-CareCross General Practitioner while an **emergency consultation is where immediate medical treatment was required and your CareCross GP was not available.
2. This benefit is limited to **3 visits per family per annum** to a **maximum of R1000 per family per annum**.
3. You will be required to pay the accounts upfront before submitting for reimbursement. You will also be responsible for attaching the detailed accounts as well as the receipts for the payments you have made in respect of the visit.
4. Refunds are by Electronic Fund Transfer (EFT) only. Your **bank details** are thus **compulsory** in ensuring that you receive the funds due to you.
5. Please keep copies of all documents as well the proof of the submission.
6. Post the documentation to: **CareCross Health, P.O. Box 44991, Claremont, 7735**
7. Payments are made within 30 days from date of receipt and will be confirmed on a statement which will be sent by post to the address indicated on the form.

Section A: Personal information	
Medical Scheme Name	
Membership Number	
Full Name of Member	
Address	
Telephone number	

Section B: Bank details for the reimbursement of funds (COMPULSORY)	
Name of Account Holder	
Bank	
Branch	
Branch Code	
Account Number	
Type of account	

Section C: Reasons for using a non contracted general practitioner	

Section D: Details of claim submitted for payment	
Name of Doctor	
Practice Number	
Treatment Date	

Signed: _____

Date: _____

Please complete all sections. Only receipted accounts will be considered.