GapCover®

CLAIM FORM

Email: claims@gaprisk.co.za / Fax: 087 018 0006

A POLICY HOLDER DETAILS

Title: Initials: Surname:

ID/Passport No: Policy No:

Medical Scheme: Option:

Membership No:

B CLAIM DETAILS

Practice Name	Practice No	Service Date	Patient Name	Unpaid Amount

All GapCover® and/or CoPay claims must be accompanied by the following documents:

1. Copy of the hospital account. (Please contact the hospital for a copy.)
2. Copy of the doctor/s account(s). (Please contact the doctor/s for a copy.)
3. Copy of the medical scheme claim statement, reflecting processing and payment of the applicable account/s.
4. Authorisation confirmation from your medical scheme.
5. Copy of the latest (not older than 3 months) medical scheme membership certificate.
6. Should the bank details for payment of claims differ from the debit order bank details, proof of bank details must be provided in the form of a bank statement.

NB: Claims must be submitted to GapCover® within 4 months after the scheme payment date.
NB: Claims cannot be processed until all the required documents have been received.

C BANKING DETAILS (Claim Refunds)

Account Holder:

Name of Bank: Branch Code:

Account No.: Account Type: Cheque Transmission Savings

Contact No/s: H W C

The administrator does not accept responsibility for payments made to incorrect bank details provided above.

Date: D D - M M - Y Y Y Y Signature of Account Holder:

D PROTECTION OF PERSONAL INFORMATION ACT (POPIA) NOTICE

1. Collection of your Personal Information

We collect and process your personal information mainly to provide you with access to our services and products, to help us improve our offerings to you and for certain other purposes explained below.

The type of information we collect will depend on the purpose for which it is collected and used. We will only collect information that we need for that purpose.

We collect information directly from you where you provide us with your personal details, for example when you purchase a product or services from us or when you submit enquiries to us or contact us. Where possible, we will inform you what information you are required to provide to us and what information is optional.

2. Use of your Personal Information

GapRisk collects and uses your personal information to deliver the services you have requested. GapRisk may also contact you from time to time via surveys to conduct research about your opinion of current services or of potential new services that may be offered when necessary. GapRisk does not sell, rent or lease its customer lists to third parties.

3. Protection of your Personal Information

GapRisk values the information that you choose to provide and will take appropriate, reasonable technical and organisational steps to protect your personal information from loss, misuse or unauthorised alteration. The information GapRisk has concerning GapRisk clients is stored in databases that have built-in safeguards to ensure the privacy and confidentiality of that information.

4. Correction of Personal Information

You have an obligation to notify us if any of your personal information held by GapRisk changed or is no longer valid. To ensure our records are up to date, you can e-mail us or you can phone our contact centre as supplied on our website, under “contact us”.

Additional detail regarding the use of personal information is set out in our Privacy Policy that can be viewed on our website www.gaprisk.co.za/privacy-policy/ or www.gapcover.co.za/privacy-policy/.

E CONSENT

I specifically consent to GapRisk Administrators 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 GapRisk Administrators for purpose of verifying the disclosed information as provided on my application form.

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

Date: D D - M M - Y Y Y Y Signature of Policy Holder: