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How to make a claim

Dear Member,

Firstly, please ensure that you complete the claim form in full and sign it. The form can be found below on page 2 of this document.

In order to finalise your claim you have 2 options – you can either provide us with all the additional information required as detail below or you can sign the authority outlined in the shaded box below the claim form and we will obtain all the necessary information from your medical scheme and doctors / hospital, etc on your behalf.

If you wish to obtain the information yourself, we will require the following:

- **Claims transaction remittance from your medical scheme:** - Since a gap claim involves covering certain amounts not covered by your medical aid, we need to be able to see what your medical aid has paid and obviously how much they have paid for each and every claim amount. Please ensure that the details of each service provider is detailed on the remittance, eg surgeon, anaesthetist, hospital, etc, etc.
- **The relevant accounts from all doctors and the Hospital Account (first 4 pages only):** - Although we can get most of this detail from the above medical scheme remittance, there are certain other necessary details that we can only obtain from the actual accounts of the service providers.
- **Medical scheme membership certificate:** - A membership certificate is required to ensure that we have on record all the beneficiaries registered under your medical scheme and we also know when you joined the medical scheme. Sometimes these details change and members may have informed their medical scheme but have not advised us of the changes.
- **Proof of date of employment:** - Please remember that this only applies if you are part of a corporate group. Many companies have criteria for membership of Xelus and we need to ensure that this is the case with your membership. In order for us to assess this we need proof of when you joined the company (A letter from your employer will suffice or a copy of your latest pay slip is usually the easiest - the remuneration details can be blanked out – just as long as we can see your details).

If you have any queries please feel free to get in touch with us for clarification.

Kind regards

The Xelus Team

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Claim Form



Please complete in full and sign the declaration below

Personal Details of Principal Member

(This must be the Xelus principal member)

Surname: _____ | First Name: _____ |
ID Number: _____ | Telephone: _____ |
Cell Phone: _____ | e-mail: _____ |
Employer Name: _____ | Branch Name: _____ |
Date of Employment: _____ | Medical Scheme: _____ |
Membership Number: _____ | Name of current Benefit Option: _____ |

Details of Patient & Service Providers

Patient's Surname: _____ | First Name: _____ |
ID Number: _____ | 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: _____ |

Declaration by Principal Member

I hereby declare that the details above as well as any 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 cover.

Signed: _____ | Full name: _____ |

Date: _____ |

AUTHORITY TO OBTAIN CLAIM INFORMATION

In relation to the claim event detailed above and in order for the processing of this claim to be completed, I hereby provide my express authority for Xelus, or its underwriter, to obtain any relevant medical account details from the medical service provider/s, and/or my medical scheme, and/or my healthcare intermediary, and/or, where applicable, to confirm the details of my employment dates with my employer.

Signed: _____ | Full name: _____ |

Date: _____ |

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