



GAP CLAIM FORM

In order to review your claim for possible cover you need to complete the claim form and send it back to gapclaims@oneplan.co.za or WhatsApp 083 794 5452. Only once we have received a fully completed form will we be able to assess the event being claimed for. Completion of this form by the Principal Insured (or his/her mandated representative), does not in any way limit liability. Any cost incurred in completion of this form will be the responsibility of the Principal Insured.

GENERAL INFORMATION:

Title:	<input type="text"/>	Initial/s:	<input type="text"/>	Surname:	<input type="text"/>
First Name:	<input type="text"/>	Gender:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
Maiden Name:	<input type="text"/>	Language:	<input type="text"/>		
ID No:	<input type="text"/>	Date of Birth:	<input type="text" value="Y Y Y Y M M D D"/>	Policy Number:	<input type="text"/>
Cell:	<input type="text"/>	Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>

Please tick the following:

Was your claim approved by your Scheme more than a month ago?	YES	NO
Have you attached confirmation of your Scheme authorisation?	YES	NO
Have you attached your Scheme Statement and relevant invoices?	YES	NO

IMPORTANT TO NOTE:

- If any details are missing or we need more information or documents, we will contact you. If we do this, please send us the outstanding documents within 14 days of our request or we will close your claim until you provide us with the documents we need.
- If you do not send us these documents within a month after your Scheme's settlement date you will have to provide us with a reason for the delay and we may consider payment of the claim, however a claim will not be considered or paid if it is submitted later than 4 months after the claim event.
- Your scheme must pay some of the costs of a coded line for a hospital or risk benefit for us to consider the claim.
- We can only pay claim refunds into the principal member's bank account.
- Claims are assessed upon receiving all required documents.
- All claims are processed within 7 working days from the date of receiving ALL required documents, considering the latest document's submission date if provided separately.

MEDICAL AID INFORMATION (Only complete Member No and Plan Option if Personal Info is the same as above):

Member/Policy No:	<input type="text"/>	Surname:	<input type="text"/>
First Name:	<input type="text"/>	Date of birth:	<input type="text" value="Y Y Y Y M M D D"/>
ID No:	<input type="text"/>	Plan Option:	<input type="text"/>
Medical Scheme:	<input type="text"/>	Mobile No:	<input type="text"/>
Email Address:	<input type="text"/>		

PATIENT DETAILS:

The patient must be a registered member on your cover both with the Scheme and Oneplan Gap.

First Name: Surname:
Relationship: ID No:
Medical Condition Treated:

SHORTFALL IN MEDICAL COSTS

This benefit pays benefits as set out in your policy schedule based on your selected plan and subject to the terms and conditions of your policy. Oneplan Gap will pay up to 200% or 400% (as per selected gap cover type) the amount paid by your Scheme for each service undertaken by a medical service provider.

We process your claim on a line-by-line level according to your medical service providers account and some of these charges may not be covered. This means that we may not pay your claimed shortfall in full.

The procedure was: In Hospital: Out of Hospital:
Consulted: Date Discharged:
Name of Hospital / Day Clinic:

Date of Service	Medical Service Provider	Total Charged	Medical Scheme Paid	Shortfall
Y Y Y Y M M D D		R	R	R
Y Y Y Y M M D D		R	R	R
Y Y Y Y M M D D		R	R	R
Y Y Y Y M M D D		R	R	R
Total shortfall being claimed				R

Please note that an online/email claims history or summary from the Scheme does not provide sufficient information. We need the complete PDF claim statement from your Scheme, this may be sent to you on a monthly basis.

POPIA Consent

As the policyholder, you hereby accept and understand the following:

- By signing this Claim Form and in accordance with Section 18 of the POPI Act, you are required to consent to personal information being collected by a responsible party. To fulfil the above provision under your Oneplan Policy, you are further required to sign this Claim Form to provide your consent/permission to any health provider to release personal information to Oneplan. The information collected will be used solely in accordance with our obligation:
 - to provide you with cover under your policy.
 - to determine applicable underwriting criteria as may be applicable.
 - to execute any obligations, we may have in law.
- All details contained herein are both true and correct.

Signature