75 Helen Joseph Street, Johannesburg, 2001
PO Box 1120, Johannesburg, 2000
service@iwyzegap.co.za

CLAIM FORM
GAP COVER

INSTRUCTIONS

Please complete in full and sign the declaration below.

In order for us to process your claim, we need you to please send the following documents to claims@iwyzegap.co.za:

1. This completed and signed claim form.
2. The relevant account from your doctor.
3. The claims remittance from your Medical Scheme.
4. The hospital account (first 2-3 pages only). NB – If your claim only relates to a shortfall from a surgeon/anaesthetist, we do not need this account.

Should anything be unclear or missing before we can finalise your claim, one of our consultants will contact you for clarification.

1. PERSONAL DETAILS OF PRINCIPAL MEMBER: (This must be the iWYZE Gap Cover Principal Member)

First Names: | Surname:

ID No: | Tel No:

Cell No: | Email:

Medical Scheme: | Membership No:

Benefit Option: | iWYZE Gap Cover Policy No:

2. DETAILS OF PATIENT & SERVICE PROVIDERS:

Patient's First Name: | Patient's Surname:

ID No: | Hospital Admitted to:

Admission Date: Y Y Y Y M M D D | Discharge Date: Y Y Y Y M M D D

Admission Time: | Discharge Time:

Nature of Illness or Condition: | Procedure Performed:

Name of Surgeon/Medical Practitioner: | Practice No:

3. REIMBURSEMENT DETAILS: (Principal Member's Account Only)

Account Name: | Bank name:

Account No: | Account Type:

4. 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 misrepresentation may result in this claim being rejected or my policy being cancelled or voided from inception.

Full Name:

Date: Y Y Y Y M M D D

Signature:

0860 93 94 93 **www.iwyze.co.za**

iWYZE is underwritten by **Old Mutual Insure** Limited. Reg No: 1970/006619/06. VAT No: 4460101019. Authorised Financial Services Provider (FSP 12).
iWYZE Gap Cover is administered by Xelus (Pty) Limited, an authorised Financial Services Provider (FSP 36931).