

A PRINCIPAL MEMBER DETAILS

Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
ID/Passport No:	<input type="text"/>	Policy No:	G A P		
Medical Scheme:	<input type="text"/>	Option:	<input type="text"/>		
Membership No:	<input type="text"/>				

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:	<input type="text"/>				
Name of Bank:	<input type="text"/>	Branch Code:	<input type="text"/>		
Account No:	<input type="text"/>	Account type:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Contact No/s:	<input type="text"/> H	<input type="text"/> W	<input type="text"/> C		

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

Date:

Signature of Account Holder: