OracleMed Health (Pty) Ltd
P O Box 786741
Sandton, 2146
South Africa
Tel: +27 11 326 7564
Fax: +27 11 884 3524
Email: claims@oraclemed.com

ORACLEMED HEALTH CLAIM FORM

NOTES -

- **SIGNED AND DATED CLAIM IS REQUIRED**
- **SUPPORTING DOCUMENTATION SUBSTANTIATING THE CLAIM MUST BE SUBMITTED**
- **ALL CLAIMS MUST BE SUBMITTED WITHIN 60 DAYS OF THE EVENT**
- **ALL HOSPITALISATION REQUIRES PRE-AUTHORISATION**

THIS FORM MUST BE COMPLETED IN FULL

AGENT / BROKER (if applicable)	POLICY NUMBER	DATE OF ADMISSION	DATE OF DISCHARGE

INSURED PERSON

SURNAME			
FIRST NAME/S		AGE :	
POSTAL ADDRESS		CODE :	
PHYSICAL ADDRESS			
		CODE :	
TELEPHONE NUMBERS	BUS ( )	FAX ( )	RES / CELL ( )
	EMAIL ADDRESS		

DID YOU CONTACT ORACLEMED TO OBTAIN AUTHORISATION?	YES	NO
IF YES, PLEASE PROVIDE DETAILS		
ARE YOU INSURED WITH ANY OTHER INSURER IN RESPECT OF THIS CLAIM?	YES	NO
IF YES, PLEASE PROVIDE DETAILS		

ORACLEMED HEALTH

SECTION 1 – MEDICAL AND RELATED EXPENSE

DATE OF ILLNESS / INJURY	
PLACE OF ILLNESS / INJURY	
CAUSE OF ILLNESS / INJURY	
DIAGNOSIS	
FULL NAME OF DOCTOR CONSULTED	TEL ( )
NAME OF HOSPITAL ADMITTED TO	

TOTAL AMOUNT CLAIMED ______________________ CURRENCY _______________

HAVE YOU PREVIOUSLY RECEIVED TREATMENT OR ATTENTION FOR THIS ILLNESS / CONDITION? (IF YES, A REPORT FROM YOU TREATING DOCTOR DETAILING YOUR MEDICAL HISTORY) YES NO

HAVE SUBMITTED ACCOUNTS BEEN PAID? YES NO

SECTION 2 - DETAILS OF CLAIM

IF CLAIM IS DUE TO ILLNESS / INJURY

FULL NAME OF SUBJECT OF CLAIM	
DATE OF BIRTH	
RELATIONSHIP TO INSURED PERSON	
DATE OF ILLNESS / INJURY	
ATTENDING DOCTOR'S FULL NAME	
DIAGNOSIS	
HAS THE ABOVE-MENTIONED PERSON SUFFERED PREVIOUSLY FROM SAID ILLNESS / INJURY? (IF YES, A REPORT FROM THE TREATING DOCTOR DETAILING MEDICAL HISTORY IS REQUIRED)	YES NO

SECTION 3 – ELECTRONIC FUNDS TRANSFER, DECLARATION AND AUTHORITY

ACCOUNT HOLDER'S NAME	
ACCOUNT NUMBER	
NAME OF BANK	
TYPE OF ACCOUNT	
BRANCH NAME	BRANCH CODE

DECLARATION

I / WE SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS ARE TRUE IN EVERY RESPECT.

NAME /S IN FULL ____

SIGNATURE /S____DATE_______________________________