

## CLAIM SUBMISSION GUIDE

*This guide explains the requirements when submitting a claim and the supporting documentation required for each claim.*

### IMPORTANT TO NOTE

- Each claim submission requires a separate Client Claim Form.
- We may ask for a copy of your Medical Aid Membership Certificate to verify whether the person claiming is an insured person on your, or your spouse's medical aid membership.
- When a Medical Aid Transaction History Statement is required, it must give a detailed breakdown of what your healthcare provider(s) charged and what your medical aid paid. Summarised statements, such as Nexus statements provided by certain medical aids, are not accepted.
- We may negotiate discounts with your healthcare providers on your behalf. If granted, your healthcare provider will be paid directly. If you have negotiated a discount with your healthcare provider, the most updated account reflecting the discount must be submitted for payment. All other claim payments will be paid into the bank account number provided on your Claim Form, however, healthcare providers will not be paid directly unless we have negotiated a discount.
- Please notify us if your medical aid makes any further payment on a healthcare provider's account already submitted to us.
- If your claim is for a Prescribed Minimum Benefit (PMB) medical procedure, we will contact your medical aid to enquire why your healthcare providers' accounts were not paid in full.

Should the PMB investigation take longer than 10 working days and you have paid your healthcare provider(s) account(s), we will continue with the assessment of your claim and settle any approved medical expense shortfall amount. If your medical aid agrees to reprocess your claim and settle your healthcare providers' accounts after payment has been made by us, we will request a refund.

- Should you claim from our **GAP**, **CO-PAYMENT**, **SUB-LIMIT** or **ACCESS OPTIMISER BENEFIT** after the General Waiting Period but within the first 10 months of cover for specific medical events that are not deemed pre-existing or accidental, your related healthcare providers' accounts will be covered between 20% and 100% of the approved medical expense shortfall amount as confirmed in your Cover Letter. Refer to your Policy Particulars, contact your broker or get in touch with us for more information about the list of medical events.
- Waiting periods apply from each insured person's cover start date unless otherwise specified in your Cover Letter.
- Your Policy Particulars explains everything you need to know about benefits and general exclusions that apply to your policy.
- Claims are accepted within 6 months from the date of service.
- Our standard turn-around time for processing your claim is 5 - 7 working days. Payment for approved claims may take up to 2 weeks.

### SUBMIT A FULLY COMPLETED CLIENT CLAIM FORM TOGETHER WITH THE RELEVANT SUPPORTING DOCUMENTATION WHEN CLAIMING

BENEFIT CATEGORIES AND SUPPORTING DOCUMENTATION REQUIRED	GAP COVER OPTION								
	EDGE <sup>200</sup>	COMPACT <sup>200</sup> & CORPORATE COMPACT <sup>200</sup>	BASE	CO-EVOLUTION	ELITE, CORPORATE ELITE & CORPORATE ELITE PLUS	ACCESS OPTIMISER PLUS <sup>200</sup> GAP BENEFIT, ACCESS OPTIMISER PLUS <sup>500</sup> GAP BENEFIT & CORPORATE ACCESS	G-FORCE	SENIOR	HOSPITAL OPTIMISER
<b>GAP BENEFIT</b> <ul style="list-style-type: none"> <li>• Detailed healthcare provider(s) account(s);</li> <li>• Detailed hospital / day clinic account (when hospitalised); and</li> <li>• Medical Aid Transaction History Statement.</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓	✗
<b>CO-PAYMENT BENEFIT</b> <ul style="list-style-type: none"> <li>• Detailed hospital / day clinic account (when hospitalised); or</li> <li>• Detailed radiology account; and</li> <li>• Medical Aid Pre-Authorisation Form (where applicable); and</li> <li>• Medical Aid Transaction History Statement.</li> </ul>	✗	✓	✗	✓	✓	✗	✓	✓	✗
<b>CANCER DIAGNOSIS BENEFIT</b> <ul style="list-style-type: none"> <li>• Stratum Benefits Confirmation of First-Time Cancer Diagnosis Form completed by your healthcare provider.</li> </ul>	✗	✓	✓	✓	✓	✗	✓	✗	✗

BENEFIT CATEGORIES AND SUPPORTING DOCUMENTATION REQUIRED	GAP COVER OPTION								
	EDGE <sup>200</sup>	COMPACT <sup>200</sup> & CORPORATE COMPACT <sup>200</sup>	BASE	CO-EVOLUTION	ELITE, CORPORATE ELITE & CORPORATE ELITE PLUS	ACCESS OPTIMISER PLUS <sup>200</sup> GAP BENEFIT, ACCESS OPTIMISER PLUS <sup>500</sup> GAP BENEFIT & CORPORATE ACCESS	G-FORCE	SENIOR	HOSPITAL OPTIMISER
<b>ONCOLOGY SHORTFALL BENEFIT</b> <ul style="list-style-type: none"> <li>Detailed healthcare provider(s) account(s); and</li> <li>Medical Aid Transaction History Statement.</li> </ul>	⊗	✓	⊗	⊗	✓	⊗	✓	✓	⊗
<b>ONCOLOGY OPTIMISER BENEFIT</b> <ul style="list-style-type: none"> <li>Detailed healthcare provider(s) account(s); and</li> <li>Medical Aid Transaction History Statement.</li> </ul>	⊗	✓	⊗	⊗	✓	⊗	✓	⊗	⊗
<b>SUB-LIMIT BENEFIT</b> <ul style="list-style-type: none"> <li>Detailed healthcare provider(s) account(s); or</li> <li>Detailed hospital account; and</li> <li>Medical Aid Transaction History Statement.</li> </ul>	⊗	✓	⊗	⊗	✓	⊗	✓	✓	⊗
<b>CASUALTY BENEFIT</b> <ul style="list-style-type: none"> <li>Detailed healthcare provider(s) account(s);</li> <li>Detailed hospital or casualty facility account;</li> <li>Medical Aid Transaction History Statement (where applicable); and</li> <li>Proof of payment (if payment was made directly to your healthcare provider).</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓	⊗
<b>TRAUMA COUNSELLING BENEFIT</b> <ul style="list-style-type: none"> <li>Stratum Benefits Trauma Counselling Form completed by your counsellor, clinical psychologist or psychiatrist;</li> <li>Detailed healthcare provider(s) account(s);</li> <li>Medical Aid Transaction History Statement (where applicable); and</li> <li>Proof of payment (if payment was made directly to your healthcare provider).</li> </ul>	⊗	✓	✓	✓	✓	⊗	✓	✓	⊗
<b>REHABILITATION OPTIMISER BENEFIT</b> <ul style="list-style-type: none"> <li>Detailed healthcare provider(s) account(s); and</li> <li>Medical Aid Transaction History Statement.</li> </ul>	⊗	⊗	⊗	⊗	✓	⊗	⊗	⊗	⊗
<b>PREVENTATIVE CARE BENEFIT</b> <ul style="list-style-type: none"> <li>Detailed healthcare provider(s) account(s);</li> <li>Medical Aid Transaction History Statement (where applicable); and</li> <li>Proof of payment (if payment was made directly to your healthcare provider).</li> </ul>	⊗	⊗	⊗	⊗	✓	⊗	⊗	⊗	⊗
<b>OUT-PATIENT SPECIALIST CONSULTATION BENEFIT</b> <ul style="list-style-type: none"> <li>Detailed healthcare provider(s) account(s);</li> <li>Medical Aid Transaction History Statement; and</li> <li>Referral letter from your General Practitioner.</li> </ul>	⊗	⊗	⊗	⊗	(Not offered on our CORPORATE ELITE option) ✓	⊗	⊗	⊗	⊗

BENEFIT CATEGORIES AND SUPPORTING DOCUMENTATION REQUIRED	GAP COVER OPTION								
	EDGE <sup>200</sup>	COMPACT <sup>200</sup> & CORPORATE COMPACT <sup>200</sup>	BASE	CO-EVOLUTION	ELITE, CORPORATE ELITE & CORPORATE ELITE PLUS	ACCESS OPTIMISER PLUS <sup>200</sup> GAP BENEFIT, ACCESS OPTIMISER PLUS <sup>500</sup> GAP BENEFIT & CORPORATE ACCESS	G-FORCE	SENIOR	HOSPITAL OPTIMISER
<b>GAP POLICY PREMIUM WAIVER BENEFIT</b> <ul style="list-style-type: none"> <li>Death certificate, retrenchment letter from your employer or letter from your healthcare provider confirming the date of total and permanent disability; and</li> <li>Bank statement or letter from the bank confirming details of the Stratum Benefits policy premium payer; and</li> <li>Stratum Benefits General Amendment Form to update policy details (where applicable).</li> </ul>	✓	✗	✗	✗	✓	✗	✓	✗	✗
<b>MEDICAL AID CONTRIBUTION WAIVER BENEFIT</b> <ul style="list-style-type: none"> <li>Death certificate or letter from your healthcare provider confirming the date of total and permanent disability;</li> <li>Bank statement or letter from your medical aid confirming details of the medical aid contribution payer;</li> <li>Medical aid certificate reflecting the medical aid contribution amount for the month you wish to claim for; and</li> <li>Stratum Benefits General Amendment Form to update policy details (where applicable).</li> </ul>	✗	✗	✗	✗	✓	✗	✓	✗	✗
<b>ACCIDENTAL DISABILITY AND DEATH BENEFIT</b> <ul style="list-style-type: none"> <li>Death certificate or letter from your healthcare provider confirming the date of total and permanent disability; and</li> <li>Stratum Benefits General Amendment Form to update policy details (where applicable).</li> </ul>	✗	✓	✓	✓	✓	✓	✓	✗	✗
<b>ACCESS OPTIMISER BENEFIT</b> <ul style="list-style-type: none"> <li>Quotations from the hospital or day clinic and healthcare providers whom you have chosen as your preferred service providers.</li> </ul>	✗	✗	✗	✗	✗	✗	✓	✗	✗
<b>HOSPITAL OPTIMISER BENEFIT</b> <ul style="list-style-type: none"> <li>Detailed healthcare provider(s) account(s);</li> <li>Detailed hospital account (where applicable); and</li> <li>Medical Aid Transaction History Statement.</li> </ul>	✗	✗	✗	✗	✗	✗	✗	✗	✓