

Section B: Patient details

Title

Full names

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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ID number

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Relation to insured (please tick)

Self	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Section C: Reason for hospitalisation

Please tick the appropriate box

Illness	<input type="checkbox"/>	Accident	<input type="checkbox"/>	Childbirth	<input type="checkbox"/>
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Name of hospital

Physical address of hospital

Postal code

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Date admitted to hospital

D	D	M	M	Y	Y	Y	Y
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Date discharged from hospital

D	D	M	M	Y	Y	Y	Y
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Section D: Claim details

Date of service	Service provider	Amount charged	Paid by Medical scheme	Shortfall

Section E: Supporting documentation required:

The following documents must be submitted with the claim form:

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| 1. Copy of first 3 pages of the hospital account reflecting name of patient, date admitted and date discharged |
| 2. Medical practitioner invoices |
| 3. Detailed Medical aid claims statement reflecting hospital and medical practitioner payment transactions |

Section F: Insured bank account details

Full name of account holder	<input type="text"/>
Surname of account holder	<input type="text"/>
Bank name	<input type="text"/>
Branch name	<input type="text"/>
Branch code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account type	<input type="text"/>

Section G: Declaration by insured

I declare that the above particulars are true in every respect and I attach copies of all hospital and other medical accounts.

I hereby authorise any hospital, physician or other person who has attended to me, or examined me or my dependants, to furnish to Guardrisk or its authorised representative any information with respect to any illness or injury, medical history consultation, prescriptions or treatment and copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and as valid as the original.

Title	<input type="text"/>
Full names	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

How to claim

Claims must be admitted to V-innovation as well as your relevant medical scheme.

Following an admission to hospital, the insured must notify V-innovation of any claim in writing as soon as possible but not later than **six (6) months** from the date of admission into hospital. The insured must complete a GAP claim form and provide copies of all related accounts (ie hospital account as proof, surgeon and anaesthetist accounts) and copies of your medical scheme statements.

Notify V-innovation in writing of your claim by completing a claim form.

Submit the claim form to:

**V-innovation
Private Bag X1005
Claremont
7725**

Fax to 021-673 8911 or e-mail info@vinnovation.co.za as soon as possible.

Waiting Periods

- No benefit will be paid for claims that occur within the first 3 months after commencement of the policy
- Birth related claims – 10 months
- First 6 months 0% benefit and 50 % of the normal Medical Gap benefits in the second 6 months for:
 - Joint replacements (except as a result of an accident/injury occurring after joining)
 - Arthroscopy (except as a result of an accident/injury occurring after joining)
 - Spinal surgery including spinal fusion (except as result of an accident/injury occurring after joining)
 - Nasal surgery including sinus related (except as a result of an accident/injury occurring after joining)
 - Cataract surgery
 - Hysterectomy (except for cancer diagnosed after joining)
 - Dentistry related claims (except reconstructive as a result of an accident/injury occurring after joining)
 - All hernia repairs (except as a result of an accident/injury occurring after joining)
 - All cardiac related surgery and procedures (including angioplasty, cardiac catheterization etc) diagnosed prior to date of joining.

Enquiries

All enquiries should be addressed to the administrators V-innovation.

Tel: 021-673 8910

Fax: 021-673 8911