Reimbursement Form

Important Notes and Instructions:

1. You will be required to pay the account upfront before submitting this form for reimbursement. You will also be responsible for attaching the detailed accounts as well as the receipts for the payment you have made in respect of the visit.
2. Reimbursements are paid by Electronic Fund Transfer (EFT) only. Your bank details are thus compulsory in ensuring that you receive the funds due to you.
3. Please keep copies of all documents as well as the proof of submission.
4. Fax or email all the relevant documents to 086 480 6809 or claims@nbcrflihealth.co.za
5. Payments are made within 30 days from the date of receipt of the accounts.

This form is required in order for Insurer to assess a possible claim. Completion of this form by the Eligible Member does not in any way limit liability. Only once we have received a fully completed claim form will we be able to assess the incident being claimed for. Any costs incurred in the completion of this form will be the responsibility of the Eligible Member.

Personal Information

Membership Number:		Member's Full Name(s):	
Address:		Email Address:	
Contact Number:		Alternative Contact Number:	

Bank Details (Mandatory)

Name of Account Holder:		Name of Bank:	
Branch Name:		Account Number:	
Branch Code:		Account Type:	

Reason for the Reimbursement

Details of Claims Submitted

Doctors Name:		Practice Number:	
Treatment Date:	D D M M 2 0 Y Y		

PLEASE NOTE THAT YOU HAVE 90 DAYS TO SUBMIT THIS CLAIM FROM DATE OF SERVICE

Signed by the Eligible Member on the ______ day of __________________ 20______ at ____________________

Full Name: ______________________________

Signature of Eligible Member:		Date:

Affinity Health, a product of National Risk Managers (Pty) Ltd (FSP 47132), the Underwriting Managing Agency; Lion of Africa Life Assurance Company Ltd (FSP 15283), the Insurer. This policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure of any particular material fact to this insurance by or on behalf of an insured person. Terms and conditions as contained in the policy document apply.