

Understanding Your Claim Notifications and Claim Statements

Claims and statements made easy

Just like banks send out statements and notifications so you can monitor and manage your finances, Bankmed sends members claim statements and claim notifications so you can keep track of how you use your benefits.

Statements and notifications

Understanding your claim notification and claim statement allows you to see how much you spend on medical expenses and manage them so you don't use up all your benefits or reach limits unexpectedly, leaving you with limited cover. Checking your statements and notifications can also help you detect fraud on your membership.

We let you know how you've used your benefits in two ways: claim notifications and claims statements. They let you keep track of your medical spend so you can plan for the rest of the year

Bankmed continuously strives to make it easy for you to manage your benefits. Your claims statement is a critical tool so you can quickly and easily see the status of your claims.

The difference between a claim statement and a claim notification

Claim notification

A claim notification is an e-mail note to let you know we've received your claim and that we've processed it. Like a transaction notification for a bank account, your claim notification lets you know about activity on your Bankmed membership. You have to wait for your claim statement for more specific benefit details.

We know you already receive plenty of e-mails so if you didn't claim, you won't receive a statement.

We know some members like to keep a hard copy for their records. For this reason, we have designed the claim statement to be printer friendly. You won't lose any information or get odd formatting when you print it out. Please don't print the claim notification; it is not formatted for printing.

Claim statement

Our claim statement gives details of every claim submitted by hospitals and Healthcare Professionals, the cost of the claim, and your remaining benefits. We only send claim statements if you claim. If you have claimed, the claim statements are sent every two weeks.

What to do when you receive a claim notification or claim statement

Your claim statement tells you which claims we pay for, which claims are not valid, and other important claim information. It's important to check this as we can occasionally reject a claim that we will accept if you take action (for example, if the information provided was not clear). In a case like this, all you need to do is send the claim again.

When receiving claim statements or claim notifications, always check the following:

1. | Always open and review your claim statement or notification.
2. | Verify that the information is correct.
3. | If there are any discrepancies or if you have any questions, contact Bankmed on 0800 BANKMED (0800 226 5633).
4. | Review the 'IMPORTANT INFORMATION' at the bottom of your first page of the claims statement. This may contain important Scheme information.

How to claim

Before you start claiming, here are some rules for claims:

- If your Healthcare Professional is part of our network and sends us your claim, you do not have to send us the claim as well.
- We must receive claims within four months from the date of treatment (this date must appear on the claim). If a claim is older than four months, it expires and we will not pay it.
- Make sure the claim clearly shows your name and membership number, and the Healthcare Professional's details, including the practice number.
- Send a detailed claim with codes and descriptions; the receipt is not enough. We need all the medical details to process your claim quickly and correctly.

Since medical treatment is important to good health, there are many ways to claim. Just choose the one that's most convenient for you:

Bankmed App

Download the Bankmed App. Log in using the same details as used for the website. Use the camera on your smartphone to take a photo of the claim and submit it or, if your claim includes a QR code, scan it using your phone.

Website

Scan a copy of the claim and log in to www.bankmed.co.za. Go to **Claims** and click on **Submit a claim**. Scroll down to **UPLOAD** and click on **Upload now**. Choose the file you want to upload and then click on **Send Claim**. Once the claim has been successfully uploaded you will receive a reference number.

E-mail

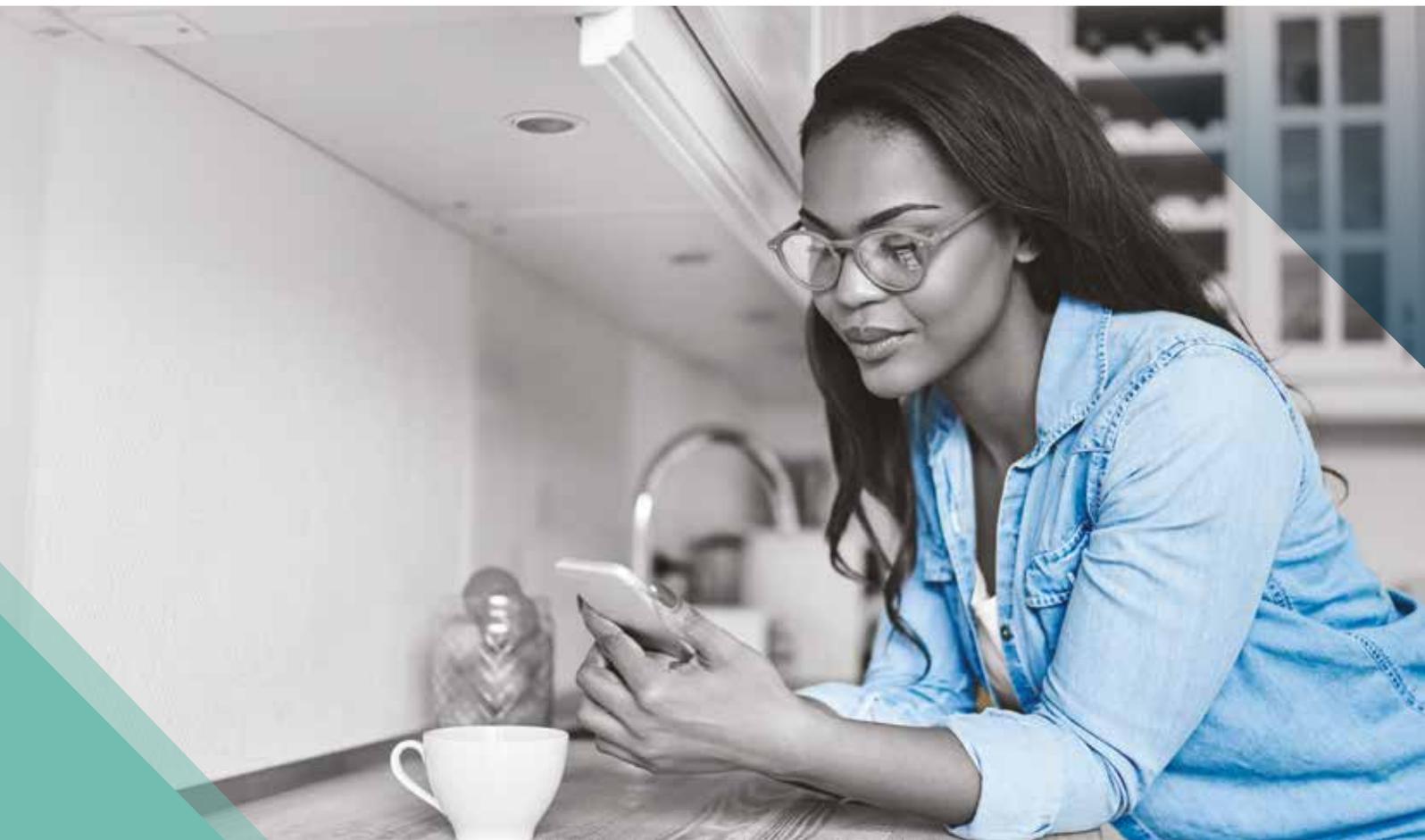
Scan and e-mail your claims to claims@bankmed.co.za

Post

Submit your claims to: Bankmed Claims, Private Bag X2, Rivonia 2128.

Fax

Please first make a copy of you claim and then fax it to make sure the details are clear. Fax your claims to 021 527 1940.



How to read your claim statement and claim notification

Claim statement summary page



1 **Statement Number: 1**
12 January 2017

2 **Mr Joe Soap**
58 Lorem Street
Consectetur Adipiscing
1234

Your plan details:
Member Joe Soap
Membership number 123456789
Plan Type BANKMED COMPREHENSIVE

3

Day to Day Medical Savings Account balance as at 10 January 2017: R 13,045.27

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SUMMARY STATEMENT
This section is an overview of your claims statement. It reflects the totals from your detailed statement on the following page.

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Total claims:	1,286.37
Claims payable:	1,246.82
- To you by the Scheme	0.00
- To Service Providers	1,246.82
Claims not paid by the Scheme:	39.55
- For your own account - please reimburse your Service Provider	39.55

Claims paid from:	1,246.82
- Your Day to Day Medical Savings Account (MSA)	0.00
- The Medical Scheme	1,246.82

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- 01 | The statement number confirms the total number of statements issued by Bankmed for the benefit year.
- 02 | The Principal Member's address.
- 03 | The Principal Member's membership number and chosen Plan type.
- 04 | The Medical Savings Account (MSA) balance as at statement date (only applicable to Plans with an MSA).
- 05 | The **Total claims** section confirms the summarised submitted claim values, to whom the claims will be paid and whether any shortfalls are payable by the member.
- 06 | The **Claims paid to** section confirms the payment value and to whom this reimbursement will be paid, i.e. member or Healthcare Professional.

DETAILED STATEMENT												Member Number: 123456789		Statement Date: 12 January 2017		
This page provides detailed information about your recent claims.																
No payment was made directly to yourself																
Your claims details						Claims paid from			Claims paid to		Claims not paid					
Treatment date	Patient and Provider Information		Procedure code	Claims ref	Amount claimed	Benefit Approved (Scheme Rate)	MSA*	Savings from previous years	Medical Scheme	You by the Scheme	Service provider	Member Portion	Portion not payable***	Tax deductible amount**	RC	Pmt ref
Part paid claims																
28Dec2016	Savita - Kismet Pharmacy		CHRON	5JclTrm	85.30	85.30	0.00	0.00	85.30	0.00	85.30	0.00	0.00	0.00	541	
			CHRON		141.41	141.41	0.00	0.00	101.86	0.00	101.86	39.55	0.00	39.55	671	
			CHRON		229.41	229.41	0.00	0.00	229.41	0.00	229.41	0.00	0.00	0.00	574	
			CHRON		53.56	53.56	0.00	0.00	53.56	0.00	53.56	0.00	0.00	0.00	574	
			CHRON		47.67	47.67	0.00	0.00	47.67	0.00	47.67	0.00	0.00	0.00	574	
			CHRON		146.93	146.93	0.00	0.00	146.93	0.00	146.93	0.00	0.00	0.00		
			CHRON		383.01	383.01	0.00	0.00	383.01	0.00	383.01	0.00	0.00	0.00	574	
			CHRON		199.08	199.08	0.00	0.00	199.08	0.00	199.08	0.00	0.00	0.00	574	
					1,286.37				0.00	0.00	1,246.82	39.55	0.00			
					1,286.37				0.00	0.00	1,246.82	39.55	0.00			
Other transactions																
01Jan2017	**Int On Accrued Bal				0.00	0.00	-24.74	24.74	0.00	0.00	0.00	0.00	0.00	0.00		
	**ASA Transfer				0.00	0.00	0.00	-1,893.94	0.00	0.00	0.00	0.00	0.00	0.00		
	**MSA Change				0.00	0.00	6,408.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	**MSA Change				0.00	0.00	1,893.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	**Int On Accrued Bal				0.00	0.00	-5.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
					0.00			-1,918.68		0.00	0.00	0.00	0.00	0.00		
Total for this statement					1,286.37			-1,918.68	1,246.82	0.00	1,246.82	39.55	0.00	39.55		
MSA* = Medical Savings Account																
Portion not payable*** = The Amount for which neither you nor the Scheme is responsible.																
Reason Code (RC)																
541 We have accepted the price your provider submitted as this price is lower than the calculated amount.																
574 Claim paid from your Prescribed Minimum Benefits.																
671 Medicine not paid in full. Rules for medicine management have been applied. You are responsible for paying the rest.																

07 | Confirmation of membership number and statement date.

08 | Your **claim details** section provides a breakdown of claims submitted in more detail. This section confirms the treatment date, the patient and Healthcare Professional's name, the procedure code submitted by the Healthcare Professional, the claims reference number, the total amount paid and what the associated Scheme Rate is for that particular treatment.

09 | The **Claims paid from** section confirms the individual values paid relative to the claim submitted and the associated benefit from which they have been funded, i.e. funded by the Scheme or funded from MSA.

10 | The **Claims paid to** section confirms the payment value and to whom this reimbursement will be paid, i.e. member or Healthcare Professional.

11 | **Claims not paid** makes reference to a shortfall that you may be required to pay (Member Portion) or a portion that's not payable by you or the Scheme. In this section, you will also note the RC (reason code) column which provides a reference number. This reference number is the reason code used to detail the reason for non-payment. Reason codes are detailed in 13 of this statement.

12 | This row of information details the **total value of all claims** submitted during this statement period and summarises what has been claimed, paid and not paid.

13 | These are the descriptions associated with claim **Reason Codes (RC)** within the statement which show the reason for a payment decision on a particular claim.

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YOUR TRANSACTIONS SO FAR THIS YEAR

This page shows you the total of your transactions to date for specific benefits.

Member Number: 123456789

Statement Date: 12 January 2017

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Tax deductible amount**	
Claimable Tax Amount for this statement	39.55
Tax claimable to date	154.77

Note :The calculation does not include all claim transactions.

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Description	Current year savings	Previous year savings	Total
Current year savings (upfront available)	6,408.00	0.00	6,408.00
Unused savings from previous year/s	0.00	6,607.04	6,607.04
Claims paid from savings	0.00	0.00	0.00
Interest earned	5.49	24.74	30.23
Available Savings (incl. upfront)	6,413.49	6,631.78	13,045.27

14 | This page of your claim statement shows the total transactions for the full benefit year for specific benefits claimed.

15 | The **Tax deductible amount** is confirmed in more detail:

Row 1: This row summarises the total **Claimable Tax Amount**

Row 2: This is the amount that you may claim from the South African Revenue Service (SARS).

16 | This section will only be presented to members who have chosen a Plan with an Medical Savings Account (MSA) component and summarises the Medical Savings Account (MSA) and Accumulated Savings Account (ASA) balances and overall transactions during the current benefit year on an accumulated basis. This table also confirms available balances as at the statement date.

Claim Notifications

Your claim notification provides you with:

- An overview of the claims processed during the previous week for your membership.
- Detail as to how these claims have affected your remaining available benefits.
- Assistance in tracking your claims and available benefits.

Kindly note that this is an abridged version of your claims statement. Please do not print, as all of this information will be reflected in your claims statement.

Dear Mibmlkhdjm

This e-mail contains details of your most recent processed claim. You will also see how this impacts the status of your day-to-day benefits, which includes a breakdown of limits used in this benefit year.

Summary of your claims

Clinical Pathologist Claimed Paid to	Mauff A C And Partners ¹ R4 029.00 claimed for date of healthcare service 2019/02/05 R154.00 will be paid to the healthcare professional on 2019/01/09 Click here for more information
Clinical Pathologist Claimed Paid to	Mauff A C And Partners ¹ R52.10 claimed for date of healthcare service 2019/02/08 No payment. Click here for more information

¹This Healthcare Professional is a non-Designated Service Provider (non-DSP) which can result in a co-payment. To find a Healthcare Professional on the Bankmed Network to ensure full cover, log in to www.bankmed.co.za > Find a Healthcare Professional

Day-to-day benefits for your Bankmed Essential Plan

Medical Savings Account

R3 470.99

Limits apply to certain benefits. We pay day-to-day benefits from your day-to-day up to the limit that applies. Refer to your Benefit and Contribution Schedule or visit www.bankmed.co.za for a list of limits that apply to you.

This is only a summary. For more information, you need to click on the "click here" block.



0800 BANKMED **(0800 226 5633)**



enquiries@bankmed.co.za



www.bankmed.co.za



Bankmed App

