

Understanding your claims notification and claims statement enables you to manage your benefits and limits proactively. Bankmed provides members with a claims statement which details every claim from a hospital, your doctor or other Healthcare Professionals, the costs thereof, and your remaining benefits. Claim statements are issued every two weeks, should you or your provider have submitted claims for payment.

Bankmed continuously strives to make it easy for you to manage your benefits. Your claims statement is a critical tool which confirms the status of your claims, at a glance.

The differences between a Claim Statement and a Claim Notification

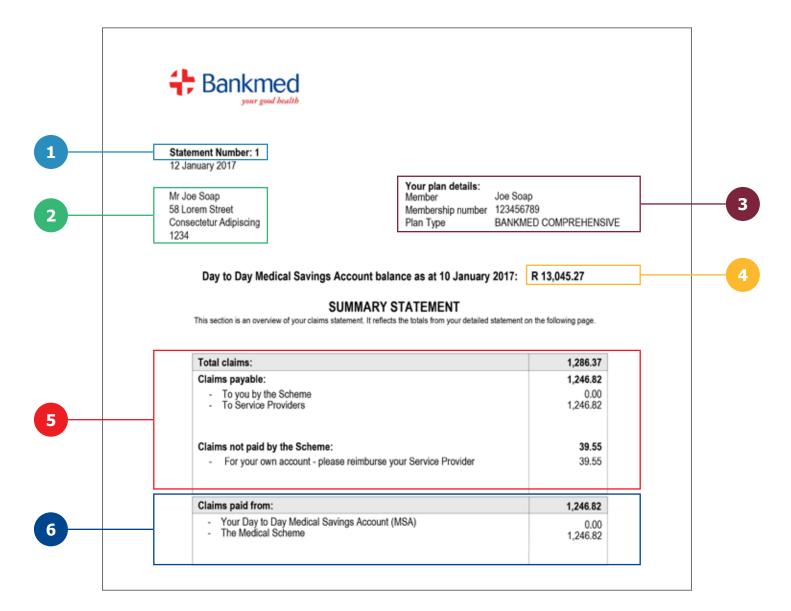
Claims Statement

A claim statement is issued by Bankmed every two weeks and provides concise yet detailed information about all claims submitted during the statement period. This document is printer friendly for you to print, should you require a hard copy.

Claims Notification

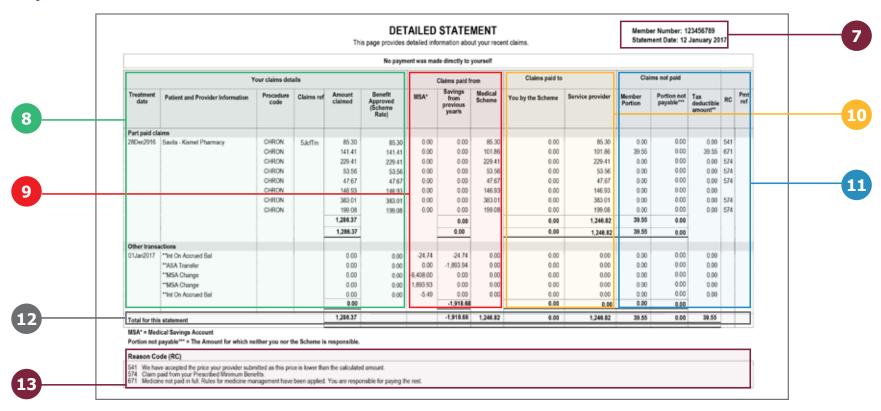
The claim notification is a summary of claims submitted during the previous week and is sent to members via e-mail only as it serves as a precursor to the claim statement. The claim notification is merely a summary of claims paid during the prior week and is not considered printer friendly.

Claim Statement summary page



- 1 The statement number confirms the total number of statements issued by the Scheme for the benefit year.
- 2 The principal member's address.
- 3 The principal member's membership number and chosen Plan type.
- The Medical Savings Account (MSA) balance as at statement date (only applicable to Plans with an MSA).
- 5 The *total claims* section confirms the summarised submitted claim values, to whom the claims will be refunded and whether any shortfalls are payable by the member.
- The *claims paid from* section shows the summarised submitted claim values and the associated benefit from which they have been paid, i.e. funded by the Scheme or funded from MSA.

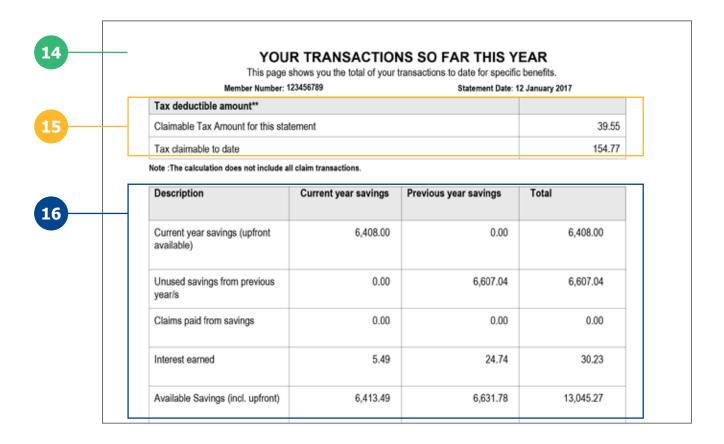
Page 1 of your Claims Statement



- Confirmation of member number and statement date.
- 8 Your claim details section provides a breakdown of claims submitted in more detail. This section confirms the treatment date, the patient and provider name, the procedure code submitted by the provider, the claims reference number, the total amount paid and what the associated Scheme Rate is for that particular treatment.
- 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.
- The *Claims paid to* section confirms the reimbursement value and to whom this reimbursement will be paid, i.e. member or Healthcare Professional.

- Claims not paid makes reference to a shortfall that the member 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.
- 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.
- 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.

Page 2 of your Claims Statement



- 14 This page of your claims 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).
- 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

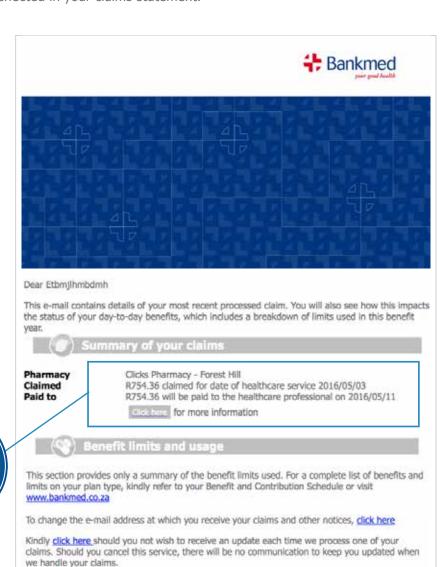
Your claim notification provides you with:

- 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
- Provides assistance in tracking your claims and available benefits

Yours in good health

Bankmed Medical Scheme

• 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.



December:
This message and any attachments are confidential and intended solely for the addressee. If you have received this message in error, please roofly Bankined Medical Scheme immediately, Interhone number 0800 226 5633. Any unauthorised use; attendion or dissemination of the contents of this entail is strictly prohibited. In no event will Bankined Medical Scheme or the sender be liable in any manner whatsoever to any person for any loss or any direct, indirect, special or consequential damages arising from use of this entail or any linked website, including, without limitation, from any lost profits, business interruption, loss of programmes or other data that may be stored on any information handling system or otherwise from any assurance that this entail is virus free even if Bankmed Medical Scheme; registration number 1279.

Bankmed Medical Scheme. Registration number 1279. Administered by Discovery Health (Phy) Ltd. registration number 1997/013480/07. An authorised financial services provider

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



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Bankmed App