ELIXI

Sales 086 035 4944
Client Services 086 033 3343
Claims/Queries 086 033 3343
Website www.elixi.co.za

CLIENT REIMBURSEMENT FORM

Underwritten by Bryte Insurance. Bryte Insurance Company Limited is a licensed insurer and an authorised FSP (17703) (The Insurer)

COMPULSORY SUPPORTING DOCUMENTS TO ATTACH	1. Principal Insured ID 2. Bank account verification letter not older than 3 months 3. Proof of Payment 4. Health care and / or Service Provider's Account(s)

YOUR PROFILE [PRINCIPAL INSURED DETAILS]

POLICY NUMBER:		TITLE:	
NAME:		SURNAME:	
I.D/PASSPORT NUMBER:		CELL PHONE NUMBER:	
ALTERNATIVE NUMBER:		EMAIL ADDRESS:	

YOUR CLAIM DETAILS [HEALTHCARE AND/OR SERVICE PROVIDER'S DETAILS]

HOSPITAL

NETWORK PROVIDER'S CONSULTATION ROOMS

CASUALTY WARD

DENTIST ROOM

GYNAECOLOGIST'S OR SPECIALIST ROOMS

OPTOMETRIST'S PRACTICE

Hospital Admission Date (when applicable) or Treatment Date		Hospital Discharge Date (when applicable)	

YOUR CLAIM REIMBURSEMENT PROFILE

Claim reimbursements will be paid into the Principal Insured's bank account. Please note that credit card accounts cannot be accepted.

ACCOUT NAME:		BANK NAME:				
ACCOUNT NUMBER:		ACCOUNT TYPE	CHEQUE:		SAVINGS:	

SIGNATURE OF ACCOUNT HOLDER:

AUTHORISATION & DECLARATION ACCEPTANCE

I hereby authorise any healthcare and/or service provider whom attended to me or any of my dependants and Elixi or its authorised representatives with information required for the assessment of my claim. I declare that the details and supporting documents provided are true and correct. I understand that any non-disclosure or false representation may result in the rejection of this claim and/or cancellation of cover. I consent to Elixi or its authorised representatives from obtaining and processing my (or my dependents) personal information and I understand why my /their personal information is required and the purpose it will be used. I acknowledge I have the right to request from Elixi details of any of my personal information Elixi holds on my behalf and details of how my personal information has been processed and to lodge a complaint with the Information Regulator. I understand that Elixi will not be held responsible for the loss of funds due to incorrect banking details supplied.

PRINCIPAL INSURED SIGNATURE:	DATE:

Please return this form to:
E-mail: claims@unityhealth.co.za
If you have any queries, please call us on: 0860 333 343

Cubix Solutions (Pty) Ltd t/a Cubix is an authorised FSP 42788.
Bryte Insurance Company Limited is a licensed insurer and an authorised FSP (17703).
Unity Health: A division of Ambledown Financial Services (Pty) Ltd is an authorised FSP 10287.

UNITYHEALTH Bryte