DAY TO DAY REIMBURSEMENT FORM

Documents required for reimbursement:

- ☐ Completed reimbursement form
- ☐ Copy of details account (invoice/statement)
- ☐ Proof of payment (receipt)
- ☐ Proof of bank details (bank statement / bank letter / cancelled cheque)

Important Notes & Instructions:

1. An out of network consultation refers to a non Day1 Health Provider while an emergency consultation is where immediate medical treatment was required and your Day1 Health Provider was not available. This benefit is limited to **3 visits per family per annum**.
2. **Reimbursements must be submitted within 120 days (4 months) from date of service**. Stale claims will not be processed / paid.
3. You will be required to pay your accounts upfront before submitting for reimbursement. You will also be responsible for attaching **detailed accounts, receipts for the payments you have made in respect of the visit, as well as proof of banking details (bank statement / bank letter / cancelled cheque**).
4. Refunds are made by electronic fund transfer (EFT) only. Your bank details are thus compulsory in ensuring that you receive the funds due to you.
5. Please keep copies of all documents as well as the proof of submission.
6. Documents are to be faxed to 086 203 6006 or emailed to reimbursement@1doctor.co.za.
7. Payments are made within 30 days from the date of receipt of the accounts.
8. **Please be advised that all refunds are paid as per our policy rules and tariffs.**

Section A: Personal Information			
Membership Number			
Member ID:		Dependant Code:	
Member's Full Name			
Address			
Telephone Number			
Section B: Bank Details for the Reimbursement of Funds (COMPULSORY)			
Name of Account Holder			
Bank			
Branch			
Branch Code			
Account Number			
Account Type			
Section C: Reason for Refund			
Section D: Details of Claim Submitted			
Doctor Name			
Practice Number			
Treatment Date			

I/We have read and understood the conditions/instructions before submitting this request.

Members Signature: _____ Date: _____