PULSE OUT-OF-NETWORK FP AND CASUALTY VISIT CLAIM FORM

bestMed

1. IMPORTANT INFORMATION

1. This form is only applicable to out-of-network family practitioner (FP) and casualty visit claims.
2. Basic radiology and pathology that falls within formulary when received as a result of the casualty visit will be reimbursed from the out-of-network and casualty visits limit.
3. Benefits are limited to the rules and protocols of your option.
4. Please pay the claim upfront before submitting for reimbursement.
5. You will need to submit the fully specified claim including receipts of payments and this form via e-mail to pulsenetworks@bestmed.co.za
6. All claims must be submitted within 4 months from the treatment date. Any claims submitted after this period will not be reimbursed.
7. Please keep copies of all documentation submitted.

2. PERSONAL INFORMATION

Membership number

Option

Member surname

Member name

Tel (W)

Tel (H)

Cell number

E-mail

3. DETAILS OF CLAIMS SUBMITTED FOR REIMBURSMENT

Claim 1

Practice number

Provider name

Treatment Date D D M M Y Y Y Y

Claim 2

Practice number

Provider name

Treatment Date D D M M Y Y Y Y

Claim 3

Practice number

Provider name

Treatment Date D D M M Y Y Y Y

Principal member's signature

Date D D M M Y Y Y Y

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