

Once filled in please email the completed form and supporting documents to claimsubmissions@bomaid.co.bw

MEMBER CLAIM SUBMISSION FORM

Please indicate your Health Plan

ISS (Student)

Access

Comprehensive

Executive

Prestige

Select your level of cover

Core

Plus

Extra

Max

Name of principal member

Membership No.

Date submitted

Employer group name

Contact number

Contact email

Signature

Patient name	Service Provider Name	Treatment date	Amount claimed	Currency

LOCAL CLAIMS

To avoid delays with claims processing, members are reminded to attach the supporting documents listed below and ensure;

1. That invoices submitted are DETAILED (services provided are detailed on the invoices, summary invoices are not acceptable)
2. That proof of payment is attached for each invoice in any of the following formats:
 - Payment receipts that have service provider's logo on it
 - Bank proof of payment (EFT slip)
 - Point of sale/swipe slip
3. That any claim for Rehabilitation therapy and/or appliances has a doctor's referral letter/motivational report and a therapist's report
4. That any pharmacy prescribed medicines have a doctors prescription copy attached
5. That the claim is submitted within 120 days/4 months from date of service
6. That you request pre-authorization from Bomaid for all hospitalisation procedures, appliances, chemotherapy/ radiation therapy, radiology, pathology renal dialysis, specialised dentistry & orthodontic treatment

FOREIGN CLAIMS

1. That notification to Bomaid of your intent to seek medical services outside is attached to this claim (i.e., email your notification to casemanagement@bomaid.co.bw)
2. That you have requested for travel insurance cover through bomaid@bomaid.co.bw
3. That proof of travel is attached i.e. copy of your passport showing your personal details and the page showing the departure and return dates
 - For a travel insurance claim, submit to tic.co.za
4. That you request pre-authorization from Bomaid for all hospitalisation procedures, appliances, chemotherapy/ radiation therapy, radiology, pathology renal dialysis, specialised dentistry & orthodontic treatment.
5. That invoices submitted are DETAILED (summarized invoices are not acceptable)
6. That proof of payment is attached for each invoice in any of the following formats:
 - payment receipts that have service provider's logo on it
 - Bank proof of payment (EFT slip)
 - Point of sale/swipe slip
 - Bank statement clearly showing the transaction
7. That any claim for Rehabilitation therapy and/or appliances has a doctor's referral letter/motivational report and a therapist's report
8. Motivational report from the treating doctor
9. That any pharmacy prescribed medicines have a doctors prescription copy attached
10. That claim invoices written in foreign languages are translated to English and certified by recognized institutions, preferably Embassies
11. That the claim is submitted within 120 days/4 months from date of service

Date

Signature

CHECKLIST

Yes No N/A

