

Once filled in please email the completed form and supporting documents to claims@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

