



Health & Happiness at heart

Service Provider Inquiry Form

Service Provider Incident Number

MEMBER DETAILS

Member Name	
Membership Number	
Claim number (s)	
Cheque number(s) (if applicable)	

DETAILS OF INQUIRY

RECOMMENDED ACTION

SIGNATURE (inquiring officer)

AUTHORIZED SIGNATURE (officer's manager)

FEEDBACK - SERVICE PROVIDER DEPARTMENT

AUTHORIZED SIGNATURE- SERVICE PROVIDER DEPARTMENT

Note: Bomaid should be notified in the event of changes in the banking details to: serviceproviderrelations@bomaid.co.bw