



IMPORTANT NOTES AND INSTRUCTIONS:

- An out-of network visit refers to a consultation by a Doctor that is not on the Affinity Health Network.
- You will be required to pay the account upfront before submitting this form for reimbursement. You will also be responsible for attaching the detailed accounts as well as the receipts for the payment you have made in respect of the visit.
- Reimbursements are paid by Electronic Fund Transfer (EFT) only. Your banking details are compulsory to ensure that you receive the funds due to you.
- Please keep copies of all relevant documents as well as proof of submission.
- Fax or email the documents to 086 607 9419 or refunds@affinityhealth.co.za.
- Payments will be made within 30 days from the date of receipt of the accounts.

Section 1: Personal Information

Policy Number:		ID Number:	
Full Name and Surname:			
Address:			
		Code:	
Contact Number:			
Email Address:			

Section 2: Reason for the Reimbursement

Section 3: Details of claim submitted

Doctor's Name:		Practice Number:	
Treatment Date:			

Section 4: Banking details for the reimbursement of funds (Mandatory)

Name of Account Holder:		Branch Code:	
Bank:		Account Number:	
Branch:		Account Type:	

Signed by the Policyholder on this day of 20 at

Signature: Name:

For any assistance or queries please send an email to info@affinitygroupschemes.co.za, alternatively Call or send us a "Please Call Me" to speak to one of our Agents.

MINING GROUPS

CALL CENTRE
0861 22 22 94

PLEASE CALL ME
082 359 9754

STANDARD GROUPS

CALL CENTRE
0861 22 22 77

PLEASE CALL ME
076 909 7382

