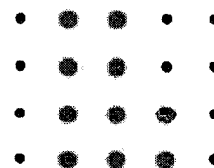
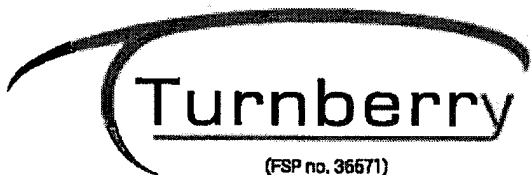


HEALTH / GAP COVER CLAIM FORM



LOMBARD
(FSP no.1596)

Policy Number: **119 489**

Telephone: 0861 000 509
Fax: 0861 000 508
Physical Address: 4 Osborne Lane, Bedfordview, 2007
Postal Address: Private Bag X2, Gardenview, 2047

A. DOCUMENTS REQUIRED

Turnberry must be notified of any claim within six (6) months calculated from the date of treatment and all documentation must be received within twelve (12) months. Please ensure that all documents requested below accompany your completed claim form to avoid unnecessary delays.

- Completed claim form
- Copy of your service provider's/doctor's account reflecting all transactions relating to the claim
- Copy of the hospital account
- Copy of your medical aid's statement reflecting all transactions relating to the claim/treatment. Unfortunately an "acknowledge of payment" issued by your medical aid does not provide the necessary information.

Please note, based on the information provided Turnberry may need to request additional information.

Please complete and return by fax to: 086 600 7532 or 086 673 4224 | Email to: claims@turnberry.co.za

B. DETAILS OF POLICYHOLDER

Title:	MRS	Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female
ID Number:	620902 0197 082	Date of Birth:	03.09.1962
Initials:	G.P	First Name:	GML
Surname:	JUGANATH		
Residential or Physical Addresses:	3 WINTON MEWS ROAD		
	HOWICK		
		Code:	3290
Postal Addresses:	AS ABOVE		
		Code:	3290
WorkTel No.	033 3306146	Cellular Tel No.	084 820 1587
Fax No.	/	Home Tel No.	033 -330 5438
Email:	gjuganath@gmail.com		

C. MEDICAL AID DETAILS

Company	Option	Medical Aid Number
CREMS	EMERALD VALUE	000 846 825

D. DETAILS OF PATIENT

Surname: JUGANATH Title: MR

First Names: DITHANRAJ

ID Number: 5811255229 095 Date of Birth: 25/11/1958

When was the patient hospitalised: 05/12/2017

Referring doctor/GP details (name & contact number): DR. R.P. JONAS 033 330 8359

Reason for hospitalisation: TOTAL KNEE REPLACEMENT LEFT KNEE

When did the patient first receive treatment, consult with a medical service provider and/or receive advice in relation to the condition?
1/11/2016

Has the patient received treatment, consulted with a medical service provider and/or received advice in relation to the condition in the last 12 months? If so, please provide the date(s) of the consultation(s).

1/11/2016 - Patient was put on a course of anti-inflammatory
24/10/2017 - was referred to orthopaedic surgeon, DR. A. MORRIS

Is the claim for a child dependant over the age of 21? YES ☐ NO ☒

If yes, please provide details of tertiary education and/or proof that he/she is fully dependent on the Policyholder.

E. BANK DETAILS

Accountholder's Name	<u>C. P. JUGANATH</u>
Name of Bank	<u>NEDBANK</u>
Branch Name and Town	<u>NEDBANK MIDLANDS LIBERTY MALL</u>
Branch Code	<u>136125</u>
Account Number	<u>136102 4828</u>

Type of account: Cheque ☒ Savings ☐ Transmission ☐

I declare that the banking details provided are correct, failing which, Turnberry is not liable for any losses, charges and expenses. I accept that it is my responsibility to notify Turnberry timeously of any changes in my banking details.

Please note: In terms of legislation, Turnberry is not permitted to pay any third party provider and benefits must be paid to the policyholder.

Signature of Accountholder: [Signature] Date: 12-01-2018

Signature of Principal Insured Person: _____ Date: _____
(if different from accountholder)

F. DECLARATION BY THE POLICYHOLDER

"I warrant that I am legally entitled to receive the benefits in terms of the said policy. Turnberry shall not be liable for payment if the cause of accident/illness is related to an exception detailed in the policy document and any endorsements thereto. In support of a claim in terms of the said policy, I declare that all statements and answers which may now or at any time be given in connection with this claim, whether in my handwriting or not, are true and complete. I understand that any misstatement or non-disclosure, which materially affects the assessment of this claim, will entitle Turnberry to declare this claim null and void. I hereby authorise the patient's medical aid, any hospital, medical service provider or any other person who has attended to or examined the patient, to furnish to Turnberry or Medwyze (Turnberry's authorised representative) any information with respect to any illness or injury, medical history, consultations, prescriptions or treatment and copies of all hospital or medical records. A copy of this authorisation shall be considered as effective and valid as the original.

Should any benefit be paid by Turnberry and subsequently settled, in whole or part, by the patient's medical aid or the medical service provider reduced the amount they have charged, the amount of the overpayment will be refunded to Turnberry."

Signature: [Signature] Date: 12-01-2018

TAX INVOICE/ STATEMENT			
PR./NO.	0544272	Acc. No	A051207
Referring Dr.	DR AD MORRISH	Date	2018/01/10
Ref Dr. Pr. No.	0148490		
Doctor	DR C MITCHELL 0558915	Page	Page 1 of 1



DRS JONES, BHAGWAN & PARTNERS INC.

SPECIALIST ANAESTHESIOLOGISTS

Postal Address:

P O BOX 100292
SCOTTSVILLE
3209

VAT REG. NO: 4840265708

C.O REG NO: 2013/049713/21

Physical Address:

22 DAVIS STREET
PIETERMARITZBURG

TEL: 033 3423757

FAX: 033 3427723

MRS GP JUGANATH
3 WINSTON MEWS
HOWICK
3290

FOR ACCOUNT ENQUIRIES TEL: 033 3454054

Patient DOB : 25/11/1958

Patient Med Aid Dep No : 01

**PLEASE FOLLOW UP WITH YOUR MEDICAL AID IF
ACCOUNT IS NOT SETTLED. IF THE M/AID
PORTION IS PAID, PLEASE SETTLE THE
BALANCE. INTEREST WILL BE CHARGED @ 15.5%**

Employer

Medical aid society

GEMS

Medical Aid number

Hospital

000846325

LIFE HILTON PRIVATE HOSP

Date	Patient	Reference	Code	Particulars	Debit	Credit
2017/12/05	DHANRAJ		0151	PRE-OP ASSESSMENT ICD-10 Code: M17.0	762.00	
2017/12/05	DHANRAJ		0646	KNEE-TOTAL REPLACEMENT ICD-10 Code: M17.0	703.00	
2017/12/05	DHANRAJ		5442	SKELETAL MODIFIER ICD-10 Code: M17.0	469.00	
2017/12/05	DHANRAJ		0023	TOTAL ANAESTHESIA TIME 93min INCLUDING 5MINS IN RECOVERY Authorised: 77922687 ICD-10 Code: M17.0	3 985.00	
2017/12/05	DHANRAJ		1221	PCA PUMP-PROF FEE ICD-10 Code: M17.0	1 430.00	
2017/12/05	DHANRAJ		1204	ICU: CATERGORY 1 INTENSIVE MONITORING ICD-10 Code: M17.0	1 430.00	
2018/01/04	DHANRAJ	LCB		MEDICAL AID ELECTRONIC PAYMENT		2 817.70
+120 Days 90 Days 60 Days 30 Days Current						Total Receipts
R 5 961.30					8 779.00	2 817.70

**YOU ARE DIRECTLY CONTRACTED TO THE DOCTOR FOR THE AMOUNT
OWING.**

Sub Total

7 700.88

VAT @ 14%

1 078.12

Total Due

R 5 961.30

Acc No

A051207

E. & O E/F. & W.U.

Payment Advice

Reference No :

A051207

- You are responsible for payment of this account.
- Please check that your medical aid details are correct and notify this office of any change.
- Payment Options:
 - Pay at our offices by Cash or Cheque.
 - Direct deposit into account as detailed below.
 - Electronic Transfer into the account as detailed below.
- Be sure to Quote your Name and this Invoice/Statement number under "Depositors Name" on your bank deposit form.
- Banking Details:

Account Name : DRS JONES, BHAGWAN & PARTNERS INC.

Bank Name : NEDBANK

Branch : KZN INLAND

Branch Code : 198765

Account Number : 1073998657
- Kindly fax, post or Email us a copy of your deposit slip with the remittance advice slip to our offices as proof of payment to:
LisaB@jonesbhagwan.co.za

TAX INVOICE / STATEMENT			
PR/NO.	2805928	Acc. No	P020646
Referring Dr.	DR R.P JONCK (1408828)		
Date	2018/01/04	User	
		Page	Page 1 of 2



DR. MORRISH, BHAGWAN & PARTNERS
MARITZBURG ORTHOPAEDIC CENTRE

Postal Address:

P.O. BOX 2572
PIETERMARITZBURG
3200

HILTON LIFE HOSPITAL

Suite 3 Ground Floor
Tel: 033 329 5712
Email: Hiltonreception@pmborth.co.za

Physical Address:

MEDICLINIC HOSPITAL
SUITE D 90 PAYN STREET
TEL: 033 342 0416

FAX: 033 342 6507

Mthambo@sai.co.za

VAT REG NO: 4630104018

<p>MRS G JUGANATH 3 WINTON MEWS HOWICK 3290</p>	
<p>ACCOUNTS TEL: 033 345 2824 (PMB) ACCOUNTS TEL: 033 329 5714 (HILTON)</p>	
Patient DOB : 25/11/1958	Patient Med Aid Dep No : 01

Advice	
Employer	
Medical aid society	
GEMS	
Medical Aid number	Hospital
000846325	HILTON LIFE HOSPITAL

Date	Patient	Code	Particulars	Debit	Credit
30/10/2017	DHANRAJ	0190	NEW & ESTABLISHED PATIENT Surgeon: DR A MORRISH Authorised: 1PLPLPADF0J ICD-10 Code: Z00.0	PD 660 00	0000
05/12/2017	DHANRAJ	0646	KNEE-TOTAL REPLACEMENT Surgeon: DR A MORRISH LEFT KNEE ICD-10 Code: M17.0	PP 16 640.00	
05/12/2017	DHANRAJ	0614	DEBRIDEMENT LARGE JOINT Surgeon: DR A MORRISH ICD-10 Code: M17.0	4 800 00	
05/12/2017	DHANRAJ	0592	SYNOVECTOMY-LARGE JOINTS Surgeon: DR A MORRISH ICD-10 Code: M17.0	3 200 00	
+120 Days 90 Days 60 Days 30 Days Current					Payments Received
				0.00	
					Signature

E. & O E/F. & W.U.

Payment Advice

Reference No : P020646 - JUGANATH

- You are responsible for payment of this account.
- Please check that your medical aid details are correct and notify this office of any change.
- Payment Options:
 - Pay at our offices by Cash, Cheque, Debit & Credit cards
 - Direct deposit into account as detailed below.
- Be sure to **QUOTE YOUR NAME AND THE ABOVE REFERENCE NO.** when doing a deposit/electronic transfer.
- Banking Details:

Account Name	:	DR. MORRISH, BHAGWAN & PARTNERS
Bank Name	:	STANDARD BANK
Branch	:	PIETERMARITZBURG
Branch Code	:	05 75 25
Account Number	:	052 187 497
- Fax or Email us a copy of your deposit slip with the remittance advice slip to our offices as proof of payment.

TAX INVOICE / STATEMENT			
PR./NO.	2805928	Acc. No	P020646
Referring Dr.	DR R P JONCK (1408828)		
Date	2018/01/04	User	
		Page	Page 2 of 2



DR. MORRISH, BHAGWAN & PARTNERS
MARITZBURG ORTHOPAEDIC CENTRE

Postal Address:
P.O. BOX 2572
PIETERMARITZBURG
3200
HILTON LIFE HOSPITAL
Suite 3 Ground Floor
Tel: 033 329 5712
Email: Hiltonreception@pmborth.co.za

Physical Address:
MEDICLINIC HOSPITAL
SUITE D 90 PAYN STREET
TEL: 033 342 0416
FAX: 033 342 6507
Mthambo@sai.co.za

VAT REG. NO: 4630104018

05/12/2017	DHANRAJ	0583	CAPSULOT/ARTHROT/BIOPSY-LARGE JOINT Surgeon: DR A MORRISH ICD-10 Code: M17.0	960.00	
05/12/2017	DHANRAJ	0537	EXCISION EXOSTOSIS-LARGE BONES Surgeon: DR A MORRISH ICD-10 Code: M17.0	960.00	
05/12/2017	DHANRAJ	0781	TENDON/TENOTOMY/TENOLYSIS OPERATION Surgeon: DR A MORRISH ICD-10 Code: M17.0	640.00	
05/12/2017	DHANRAJ	2802	PERIPHERAL NERVE BLOCK Surgeon: DR A MORRISH ICD-10 Code: M17.0	1 000.00	
05/12/2017	DHANRAJ	0009	ASSISTANT Surgeon: DR A MORRISH DR K O'CONNOR ICD-10 Code: M17.0	5 440.00	
14/11/2017	DHANRAJ		MEDICAL AID PAYMENTS GEMS	0.00	322.36
30/11/2017	DHANRAJ		CREDIT CARD	0.00	337.64
20/12/2017	DHANRAJ		MEDICAL AID PAYMENTS GEMS	0.00	11 083.80
03/01/2018	DHANRAJ		MEDICAL AID REVERSAL GEMS	5 528.12	
+120 Days 90 Days 60 Days 30 Days Current					Payments Received
R 28 084.32				39 828.12	11 743.80
PLEASE SETTLE IN FULL & QUERY WITH YOUR MEDICAL AID IF YOUR ACC IS OUTSTANDING AS INTEREST @ WILL BE CHARGED PER MONTH				Total Due	R 28 084.32
					Signature

E. & O.E/F. & W.U.

Payment Advice

Reference No : P020646 - JUGANATH

- You are responsible for payment of this account.
- Please check that your medical aid details are correct and notify this office of any change.
- Payment Options:
 - Pay at our offices by Cash, Cheque, Debit & Credit cards
 - Direct deposit into account as detailed below.
- Be sure to **QUOTE YOUR NAME AND THE ABOVE REFERENCE NO.** when doing a deposit/electronic transfer.
- Banking Details:

Account Name	:	DR. MORRISH, BHAGWAN & PARTNERS
Bank Name	:	STANDARD BANK
Branch	:	PIETERMARITZBURG
Branch Code	:	05 75 25
Account Number	:	052 187 497
- Fax or Email us a copy of your deposit slip with the remittance advice slip to our offices as proof of payment.

LIFE HILTON PRIVATE HOSPITAL
T/A LIFE HILTON PRIVATE HOSPITAL
Reg.No.9377005179

LIFE HILTON PRIVATE HOSPITAL
PR No 0570000604429
1 MONZALI DRIVE, HILTON GARDENS
PIETERMARITZBURG, 3201

VAT No. 4310263860

Telephone 033 329 5600 - HOSPITAL
Facsimile 033 329 5601 - HOSPITAL
Telephone 011 219 9773
Facsimile 086 686 8812 - ACCOUNTS

VISIT NO : 8500020594 ACCOUNT DETAILS PAGE 1
BOOKING NO: 7009152 IN-PATIENT 03JAN2018 12:57
----- GUARANTOR ----- PATIENT -----

MRS G JUGANATH
3 WINTON MEWS
HOWICK
HOWICK
3290

MR DHANRAJ JUGANATH
3 WINTON MEWS
HOWICK
HOWICK
3290

WORK (033) 330-5435 Ext.0
HOME (033) 330-5438 Ext.0
ID 6209030197082
DOB 03SEP1962 55y
RELATION DEFAULT

WORK (033) 330-5435 Ext.0
HOME (033) 330-5438 Ext.0
ID 5811255229085
DOB 25NOV1958 59y

----- CARRIER -----
CURRENT GEMS EMERALD VALUE OPTION PRE AUTH 77922687
PLAN EMERALD VALUE EB L.O.S. 2.0
MEMB No 000846325 Dep 01 ADMIN GEMS
CONF No
VAT No CYCLE CURRENT
AUTH 77922687

----- VISIT/DOCTOR -----
ADMIT 05DEC2017 06:25 DISCH 07DEC2017 11:49
RECEPTION ZAMA CHONCO (ADMIN CLERK) PAT REP MRS B COOPER BELL
ADMIT Pr MORRISH, A D, DR Pr. No 2805928
REFER Pr SELF REFERRAL, , DR Pr. No

----- CPT/ICD CODES -----
P CPT 27447
P ICD M17.0
C ICD I10

LIFE HILTON PRIVATE HOSPITAL
T/A LIFE HILTON PRIVATE HOSPITAL
Reg.No.9377008179

LIFE HILTON PRIVATE HOSPITAL
PR No 0570000604429
1 MONWALI DRIVE, HILTON GARDENS
PIETERMARITZBURG, 3201

VAT No. 4310263860

Telephone 033 329 5600 - HOSPITAL
Facsimile 033 329 5601 - HOSPITAL
Telephone 011 219 9773
Facsimile 086 686 8812 - ACCOUNTS

VISIT NO : 0800020594 STATEMENT
BOOKING NO: 7009152
GUARANTOR : MRS G JUGANATH
PATIENT : MR DHANRAJ JUGANATH

PAGE 1
03JAN2018 12:57
GEMS EMERALD VALUE OPTION
000846325

DATE	REF	CODE	DESCRIPTION	PRIVATE	CARRIER
05122017	P20594	5797140	KNEE REPLACEMENT 1.0 @ R52327.10		52327.10
05122017	T0305234		THEATRE OPER: MORRISH, A D PN 2805928 ANAE: MITCHELL, C G PN 0544272 PROC: P27447 88min THEATRE (IN:12:24 OUT:13:52)		
	P20594	57286	PROSTHESIS CHARGES		40413.69
	020594	57273	TO TAKE OUT (TTO) STOCK		625.69
			TOTAL CHARGES	0.00	93366.48
05122017	5375	CASH	CASH PAYMENT	-10.00	
19122017		BTRF	BANK TRANSFERS		-83331.77
			TOTAL	-10.00	10034.71
			OUTSTANDING BALANCE		10024.71

Banking Details :

Hospital Name : LIFE HILTON PRIVATE HOSPITAL (PTY) LTD

Bank Name : FNB

Acc Type : CHEQUE

Reference : 20594 JUGANATH

Branch Code : 255005

Acc No : 62416915520

If you make a direct deposit into our bank account please fax the proof
of deposit to the following fax number : 086 686 8812

LIFE HILTON PRIVATE HOSPITAL
T/A LIFE HILTON PRIVATE HOSPITAL
Reg No. 9377005179

LIFE HILTON PRIVATE HOSPITAL
PR No 0570000604429
1 MONZALI DRIVE, HILTON GARDENS
PINTERMARITZBURG, 3201

VAT No. 4310263860

Telephone 031 329 5600 - HOSPITAL
Facsimile 031 329 5601 - HOSPITAL
Telephone 011 219 9771
Facsimile 086 686 8812 - ACCOUNTS

VISIT NO : 8500020594
BOOKING NO: 7009152
GUARANTOR : MRS G JUGANATH
PATIENT : MR DHANRAJ JUGANATH

INVOICE

PAGE 1

03JAN2018 12:57

GEMS EMERALD VALUE OPTION
000846325

DATE	CODE	QTY	NAPPI DESCRIPTION	PRIVATE	CARRIER
*** P0105234 (THEATRE) ***					
05122017	57286	1	752193007 PALACOS R WITH GARAMYCIN		2453.69
05122017	57286	1	173021001 42-5320-075-01 TIBIAL STE		14979.53
05122017	57286	1	173230001 42-5114-007-10 ARTICUL SU		5534.38
05122017	57286	1	173077001 42-5006-062-01 FEMORAL CO		17446.09
SUB TOTAL				0.00	40413.69
*** O0128821 (PHARMACY) ***					
07122017	57273	60	823481026 ECOTRIN EC 81MG TABLETS		71.44
07122017	57273	100	768375030 SYNALFEVE CAPSULES		271.64
07122017	57273	14	719275001 TRAMAZAC SR 100MG TABLETS		65.71
07122017	57273	30	723330001 COXLEON 200MG		216.90
SUB TOTAL				0.00	625.69
INVOICE TOTAL				41039.38	41039.38

GEMS		Member: 000846325 MRS GP JUGANATH			Statement Reference: A3884010973 Document Reference: 510975392102			Date: 15-12-17 Statement: 1138				
Transaction Information					Payment Information				Additional benefit Information			
Date treated	Patient	Tariff code	Amount claimed	Benefit approved	Scheme paid supplier	Scheme paid member	Member owes Scheme	Member paid/owes Supplier	See below	Amount paid from in hospital benefit	Amount paid from other funds	Tax claimable amount
CHUNDRAN K MR 0120316 (Orthotics and Prosthetics)												
08/12/17	DHANRAJ	79024	541.30	541.30	541.30						541.30	
MR CONRAD BARNARD MR 0394289 (Orthotics and Prosthetics)												
05/12/17	DHANRAJ	30190	827.70					827.70	870			827.70
DR BRETT CULLIS DR 0455234 (Medicine)												
08/12/17	DHANRAJ	0147	845.10	281.70	281.70			583.40	278	281.70		583.40
08/12/17	DHANRAJ	0173	1530.00	510.00	510.00			1020.00	278	510.00		1020.00
JONES BHAGWAN AND PARTNERS IN 0544272 (Anaesthetics)												
05/12/17	DHANRAJ	0151	762.00						725			
05/12/17	DHANRAJ	1204	1430.00						725			
05/12/17	DHANRAJ	1221	1430.00						725			
HILTON LIFE PRIVATE HOSPITAL MR 0504428 (Private Hospital)												
05/12/17	DHANRAJ	57273			825.88				1857		825.88	
05/12/17	DHANRAJ	57273	825.88	825.88	27925.30			10034.70	870	2453.89	27925.30	10034.70
05/12/17	DHANRAJ	57286	37980.00	27925.30	2453.89					52327.10		
05/12/17	DHANRAJ	97119	2453.89	2453.89								
05/12/17	DHANRAJ	97140	52327.10	52327.10								
MORRISH BHAGWAN AND PARTNERS DR 2805828 (Orthopaedics)												
05/12/17	DHANRAJ	0537	980.00	980.00	980.00					980.00		
05/12/17	DHANRAJ	0583	980.00	980.00	1894.00			1208.00	4411	1994.00		1208.00
05/12/17	DHANRAJ	0592	3200.00	1894.00	1894.00			2808.00	278	1894.00		2808.00
05/12/17	DHANRAJ	0614	4800.00	1994.00	5184.30			11455.70	278	640.00		11455.70
05/12/17	DHANRAJ	0648	18840.00	5184.30	640.00			898.50	278	311.50		898.50
05/12/17	DHANRAJ	0781	640.00	640.00	311.50							
05/12/17	DHANRAJ	2802	1000.00	311.50								
KAUFFMANN B J & PARTNERS INCOR DR 3802086 (Radiologist)												
08/12/17	DHANRAJ	72100	324.88	324.88	324.88					324.88		
DU BLISSON KRAMER SWART BOU DR 5204031 (Pathologist)												
05/12/17	DHANRAJ	3883	86.40	86.40	86.40					86.40		
05/12/17	DHANRAJ	3923	43.30	43.30	43.30					43.30		
08/12/17	DHANRAJ	3755	132.90	132.90	132.90					132.90		
08/12/17	DHANRAJ	3797	30.90	30.90	48.70				7057	48.70		48.70
08/12/17	DHANRAJ	4032	48.70	48.70	275.00					275.00		275.00
08/12/17	DHANRAJ	4161	275.00	275.00	275.00					275.00		275.00
08/12/17	DHANRAJ	4161	275.00	275.00	275.00					275.00		275.00

GEMS			Member: 000846325 MRS GP JUGANATH			Statement Reference: A3884010973 Document Reference: 510975392102			Date: 15-12-17 Statement: 1138				
Transaction Information					Payment information				Additional benefit information				
Date treated	Patient	Tariff code	Amount claimed	Benefit approved	Scheme paid supplier	Scheme paid member	Member owes Scheme	Member paid/owes Supplier	See below	Amount paid from in hospital benefit	Amount paid from other benefits	Tax claimable amount	Reversal
DU BURSSON KRAMER SWART	BOU DR 5200431 (Pathologist)												
08/12/17	DHANRAJ	4171	200.40	200.40	200.40					200.40			
ORIENT PHARMACY & MED DEPOT 6063020 (Chemist)													
15/12/17	Member	Acute	47.13	47.13	47.13						47.13		
15/12/17	Member	Acute	51.57	51.57	51.57						51.57		
15/12/17	DHANRAJ	Acute	47.29	47.29	47.29						47.29		
15/12/17	MAXINE	Acute	168.09	168.09	168.09						168.09		
Totals:			139464.04	97459.04	97459.04			28402.00		68943.68	29406.36	28402.90	
Summary of Financial Information					Summary of codes								
Payable to member (Credit)					4411	0583 not allowed with 0645/0846							
Less owed to Scheme (Debit)					725	Fees incorrectly charged by supplier							
Member to pay Suppliers					7057	Included in code 3755							
Tax claimable to date					278	Balance payable by member							
					870	Overall Limit Exceeded							
					1657	Zero amt submitted for item							

Asha Dhana

From: Gail Juganath [gjuganath@gmail.com]
Sent: 13 January 2018 03:37 PM
To: claims@turnberry.co.za
Subject: Gap Cover Claim
Attachments: Dr Mitchell ANAE statement.pdf; Dr Morrish Statement.pdf; Life Hospital Statement.pdf; STATEMENT FROM GEMS.pdf; TURNBERRY CLAIM FORMS.pdf

Good day,

Please find attached all the necessary documentation for a claim for Mrs GP Juganath Policy No 119489

Thank you
Gail Juganath