

26 APRIL 2018

912890018  
MR F VAN DER MERWE  
01 CHELSEA AVENUE  
VREDEHOEK  
8001

Member number

912890018

Group / Employer number

1564061011

Practice number

Statement Number 9 of 2018

Our reference number

325994202

### SUMMARY CLAIMS STATEMENT

Option: Extender Option

Option Description:

1. Unlimited hospital cover provided at Any hospital.
2. 62 Chronic conditions covered at Any providers.
3. Day-to-day benefits are paid from the Personal Medical Savings Account until the Annual Threshold is reached; at which time the Scheme will pay benefits according to category limits. (Please note that a self payment gap may exist prior to reaching Threshold).

Payments made by the Scheme	Paid this month	Paid year to date
Major Medical Benefit	1780.30	7745.80
Chronic Medicine Benefit	0.00	0.00
Above Threshold Benefit	0.00	0.00
<b>Total payments made by the Scheme</b>	<b>1780.30</b>	<b>7745.80</b>

Personal Medical Savings Account (PMSA)	Amount
Amount brought forward from previous year	3662.60
<b>Plus</b> : PMSA contribution received year to date	19322.00
<b>Plus</b> : Advance on PMSA allocated year to date	31376.00
<b>Plus</b> : Interest earned	42.43
<b>Less</b> : Claims paid year to date (includes claim amount of R6639.04 paid this month)	36143.58
<b>Total available in PMSA</b>	<b>18259.45</b>

Annual Threshold Benefit	Amount
Annual Threshold Level	51700.00
<b>Less</b> : Claims accumulated towards your Annual Threshold (includes amount of R4572.44 accumulated this month)	25300.83
<b>Amount needed to reach Annual Threshold Level</b>	<b>26399.17</b>

Self Payment Gap (SPG) as at this statement date	Amount
This section reflects the amount that you may have to personally fund.	
Amount needed to reach Annual Threshold Level	26399.17
<b>Less</b> : Amount available in your Personal Medical Savings Account	18259.45
<b>Amount that you need to personally fund</b>	<b>8139.72</b>

Payment details	Amount
Amount due by you to the Scheme	0.00
Amount paid by the Scheme to you on 03-MAY-2018 to account XXXXXX3471 at branch 632005 of ABSA	909.30

Fraudulent Activities
If you suspect any fraudulent activities with regard to your claims, please report this by calling our anonymous fraud hotline on <b>0800 00 66 72</b> (fraud related claims only).

# DETAILED CLAIMS STATEMENT

Option : Extender Option

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DETAILS OF YOUR CLAIMS TRANSACTIONS				PAYMENT INFORMATION			BENEFIT INFORMATION Amount paid from						PAY CODE
Treatment date	Patient	Date paid	Amount claimed	Scheme paid supplier	Scheme paid member	Member owes Scheme	Major Medical Benefit	Medical Savings	HealthSaver	Chronic Medicine Benefit	Above Threshold Benefit	Amount accrued to Threshold	(see**)
<b>CLICKS PHARMACY - GA (Practice no 373486)</b>													
2018/04/22	Amanda	2018/05/03	39.47	39.47	0.00	0.00	0.00	39.47	0.00	0.00	0.00	39.47	
2018/04/22	Amanda	2018/05/03	101.24	101.22	0.00	0.00	0.00	101.22	0.00	0.00	0.00	101.22	136
2018/04/22	Amanda	2018/05/03	302.86	302.85	0.00	0.00	0.00	302.85	0.00	0.00	0.00	302.85	136
2018/04/22	Francois	2018/05/03	1239.70	1239.70	0.00	0.00	0.00	1239.70	0.00	0.00	0.00	0.00	
<b>Totals</b>			<b>1683.27</b>	<b>1683.24</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1683.24</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
<b>DR CRANE (Practice no 324183)</b>													
2018/03/27	Francois	2018/05/03	900.00	745.50	0.00	0.00	0.00	745.50	0.00	0.00	0.00	372.75	250
<b>Totals</b>			<b>900.00</b>	<b>745.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>745.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
<b>DR DC OPPERMAN (Practice no 2001179)</b>													
2018/04/25	Amanda	2018/05/03	872.65	788.20	0.00	0.00	788.20	0.00	0.00	0.00	0.00	0.00	387
<b>Totals</b>			<b>872.65</b>	<b>788.20</b>	<b>0.00</b>	<b>0.00</b>	<b>788.20</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
<b>DR HOLT AND PARTNERS (Practice no 423629)</b>													
2018/04/22	Amanda	2018/05/03	820.00	0.00	720.00	0.00	0.00	720.00	0.00	0.00	0.00	360.00	28
2018/04/22	Amanda	2018/05/03	160.20	0.00	154.00	0.00	0.00	154.00	0.00	0.00	0.00	77.00	28
2018/04/22	Amanda	2018/05/03	35.30	0.00	35.30	0.00	0.00	35.30	0.00	0.00	0.00	18.15	28
2018/04/22	Amanda	2018/05/03	29.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	145
2018/04/22	Amanda	2018/05/03	86.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55
<b>Totals</b>			<b>1131.80</b>	<b>0.00</b>	<b>909.30</b>	<b>0.00</b>	<b>0.00</b>	<b>909.30</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
<b>MR M FREEDMAN (Practice no 122580)</b>													
2018/04/04	Francois	2018/05/03	3301.00	3301.00	0.00	0.00	0.00	3301.00	0.00	0.00	0.00	3301.00	
<b>Totals</b>			<b>3301.00</b>	<b>3301.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3301.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
<b>Totals</b>			<b>7888.72</b>	<b>6517.94</b>	<b>909.30</b>	<b>0.00</b>	<b>788.20</b>	<b>6639.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		

## DETAILED CLAIMS STATEMENT

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**HealthSaver:** If applicable, you will receive a separate statement from HealthSaver with details of your HealthSaver account. This statement will include HealthReturn Booster rewards and claim payment details.

**NOTE:** All balances are correct as at the time of printing this statement.

<b>**Pay Code</b>	<b>Explanation</b>
28	Claim paid to provider at the Scheme rates. Member to pay the difference to provider.
55	Based on the treatment provided, the Scheme is not liable for payment of the tariff (procedure) code and/or modifier charged.
136	Medication short paid due to medicine management.
145	Co-payment applied and charged above recommended benefits schedule.
250	HealthSaver limit depleted. Member liable.
387	Network Provider claim paid at the agreed rates: Member not liable.