momentum

Health4Me Bloom hospital cash claim form

Claim requirements

- Fully completed Health4Me hospital cash claim form.
- Proof of hospitalisation (hospital account) stating admission and discharge dates.
- Medical certificate by treating doctor/physician/specialist stating reason for hospitalisation.
- Certified (by a commissioner of oaths) copy of the insured life's identity document/passport/birth certificate.
- Certified (by a commissioner of oaths) copy of the child's birth certificate (maternity lump-sum benefit).
- Copy of the insured life's bank statement (not older than 3 months) or a cancelled cheque. Please note that ATM or internet statements are not acceptable.
- Additional information may be required.
- Claims not submitted within four months of the claim event will be rejected.
- Please submit the completed and signed form and any supporting documents, via email to **health4meinsuranceclaims@momentum.co.za.**

1: Main member's details

Membership number

First name

Surname

2: Claimant's/patient's details

First name

Surname

ID number/passport number

Gender Male ☐ Female ☐

Contact number

Email address

Address

Postal code

Relation to main member

3: Claimant's/patient's hospitalisation details

Hospital name

Hospital practice number

Medical practitioner's name

Medical practitioner's surname

Medical practitioner's practice number

Hospital admission date D D M M Y Y Y Y

Hospital discharge date D D M M Y Y Y Y

Reason for hospitalisation

4: Main member's banking details

If the main member requires Momentum to make payment into any other 3rd party's bank account, other than their own bank account, a written and signed letter of consent needs to be provided, along with the relevant person's identity document/passport/birth certificate and bank statement (not older than 3 months) or a cancelled cheque.

Name of account holder

Name of bank

Account number

Account type Current/Cheque ☐ Savings ☐ Transmission ☐

Branch code

Branch name

5: Member consent

I authorise Momentum Metropolitan Life Limited to:

- Obtain from Momentum Health Solutions (Pty) Ltd or any health service provider any medical information relating to an insurance claim, so that Momentum Metropolitan Life Limited can assess and evaluate a claim in terms of the policy. I hereby authorise Momentum Health Solutions (Pty) Ltd or any health service provider to release the required information to Momentum Metropolitan Life Limited.
- Share any information required between Momentum Metropolitan Life Limited, Momentum Health Solutions (Pty) Ltd and any other health service provider.
- Disclose my medical information to any parties that Momentum Metropolitan Life Limited has contracted with in order to provide services in respect of the policy.

I accept and understand that my consent to the disclosure of medical information may impact on my right to privacy. This consent shall remain in force for the full duration of my membership, unless it is expressly withdrawn by me. I understand that Momentum Metropolitan Life Limited will not disclose any medical information without my consent. I understand that the consent will only apply for the purpose indicated above and will not be shared with other parties.

Signature of main member

Date D D M M Y Y Y Y