ECONET LIFE (PRIVATE) LIMITED

ECOSURE HOSPITAL CASH BACK PLAN CLAIM FORM

Please note that benefits shall be payable for every day spent in hospital from the fourth day of continuous hospitalization. Econet Life must be notified that a Claim is being made as soon as reasonably on, during or after hospitalisation, but in any event no later than 30 days from date of discharge. The following documents must be submitted to Econet Life:

- **Patient card** ☐
- **Hospital Statement** ☐
- **Other Medical records from the hospital** ☐ **Specify**_____
- **Medical Aid Card used** ☐
- **Receipts for all cash payments** ☐
- **Letter of admission and discharge** ☐
- **Copy of ID of claimant** ☐

Econet Life reserves the right to call for any additional documentation as may be required from time-to-time to validate the information provided and the Policy Holder or Beneficiary shall supply in writing at his/her own cost any reasonable information that the Insurer may request.

MEMBER DETAILS

Surname: _____First Names:_____

ID Number:_____ D.O.B: _____

Phone Number:_____Address_____

Date of Hospitalisation: _____Time of Hospitalisation:_____

Date of Discharge:_____ Time of Discharge:_____

Reason for Hospitalisation: _____

Name of Medical Aid:_____ Medical Aid Number:_____

HOSPITAL AND DOCTOR DETAILS:

Name of Hospital:_____

Address of Hospital:_____

Telephone: _____

Name Of Admitting Doctor:_____ AHFOZ Number:_____

Name Of Discharging Doctor: _____ AHFOZ Number:_____

CLAIMANT DETAILS (IF DIFFERENT FROM MEMBER)

Surname:_____ First Names: _____

National ID No.: _____ Mobile number: _____

Physical address: _____

Relationship to Policyholder: _____

I HEREBY IRREVOCABLY AUTHORISE and request any Doctor or other person who may be in possession of, or hereafter acquire, any information concerning my health up to the date hereof to disclose such information to Econet Life (Pvt) Ltd and I agree that, this authority and request shall remain in force after my death as well as prior thereto.

Signed: _____ Full Name: _____Date: DD/MM/YYYY

EcoSure

FOR OFFICIAL USE ONLY

CLAIM APPROVAL

Designation	Name	Signature	Date	Recommendation
Steward Health				
Econet Life Claims Officer				
Econet Life Claims Manager				
Econet Life General Manager				
Econet Life Finance Manager				

Number Of Days Admitted	
Number of Days Payable	
Rate Per Day	
Total Payable	

Other Comments