SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

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1 Bekker Rd, Vorna Valley,
Midrand
1696

REIMBURSEMENT FORM

NOTE: If you would like money owed to you by the scheme refunded to your account, for quick and safe repayments, please fill in the form below and fax or mail to your nearest Sizwe Hosmed Medical Scheme branch **(details below)**.

NOTE: ALL FIELDS MUST BE COMPLETED TO ENSURE EFFICIENT PROCESSING.

Membership No.:					
Principal member's name:					
Account holder's name:					
Bank:					
Account number:		Title:		Initials:	
Account Type:	Current: ☐	Savings: ☐	Transmission: ☐		

Please Submit original cancelled cheque or original bank statement as proof of your banking details.

If the account holder is not the principal member of the Fund, the principal member agrees to refund monies being paid into the above account and both Sizwe Hosmed Medical Scheme is not held responsible for this money once paid. I hereby declare that the information on this form Is true and correct and that any false information will render my EFT application null and void.

Tel (work):		Cell:	
Tel (home):		Date:	
Email:			

Authorised Signature:_____

SCHEME DECLARATION

As Sizwe Hosmed Medical Scheme we are strongly committed to protecting your personal data. We are required by POPIA to explain why and how we collect, use, and disclose your personal information, which may include health and financial information. Sizwe Hosmed Medical Scheme will keep your information supplied to us in this application confidential. Acceptance of these terms and conditions is a requirement for activation and servicing of your medical scheme membership. You give us consent to process your personal information for the following purposes:

a. Administration of your health care option;
b. Provision of managed care services to you;
c. Providing relevant information to a contracted third party;
d. To profile and analyse risk;
e. For research purposes; and
f. To comply with legislation.

Please note that we will only share your information with a third party if you have granted us your consent for the disclosure of the information to such third party or if a contractual relationship exists in terms of which we are obliged to provide your information to such third-party. We may amend this notice from time to time, please check our website to inform yourself of any changes.

Authorised Signature:_____ Date: _____

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