Sanlam

INSURED BY CENTRIQ INSURANCE
A LICENSED NON-LIFE INSURER

Sanlam Gap Mediclinic Extender Cashless Co-Payment Pre-Authorisation Form

Important note

Please complete, sign and return the pre-authorisation form to: **GapInfo@centriq.co.za**

A. Policyholder Details

Title: Name: Surname:

ID No. (compulsory field): Date of Birth: Y Y Y Y M M D D

Medical Scheme Name: Medical Scheme Plan:

Medical Scheme No: Gap Policy No.:

Cellphone No.: Alternative Contact No:

Physical/Postal Address:

Postal Code:

Email Address:

B. Patient Details

Relationship to Policyholder: Self Spouse Child Other:

Do not complete this section if the Patient is the Policyholder.

Title: Name: Surname:

ID No. (compulsory field):

C. Event Details

Hospital Name:

Reason for Hospitalisation/Treatment:

Admission/event date: Y Y Y Y M M D D Discharge date: Y Y Y Y M M D D

Rand value of Co-Payment:

D. Declaration

This pre-authorisation form is only applicable to the defined co-payment as stated by your medical scheme. Should you experience any additional shortfalls on the related accounts for your procedure, please follow the standard claims process. Click on the following link to complete a claim form: **Claims Form**

Once this form has been reviewed we will provide you with written feedback.

Full Name: Signature:

Date: Y Y Y Y M M D D

Please return the completed pre-authorisation form to:

E-mail address: **Gapinfo@centriq.co.za**

T 0861 111 167
E **Gapinfo@centriq.co.za**