

Day to Day Reimbursement Form

In the event of paying a medical service provider for a covered event or making use of an Out of Network Provider, the administrator (Essential Med) will reimburse you up to the agreed tariff or up to a maximum of R250 per consultation for an Out of Network Provider subject to the policy terms.

Please provide (with this form) the detailed provider's account. It should reflect the provider's details as well as the date of service, the member that was seen, the amount paid and the ICD10 and Tariff codes. These can be emailed to claims@episodic.co.za

SECTION A: Personal Information

Membership Number	
Full Name	
Phone Number	
Email	

SECTION B: Bank Details for Reimbursement

Account Holder	
Bank	
Branch	
Account Number	
Type of Account	

SECTION C: Reasons for the Refund

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Member's Signature: _____ Date: _____