Edgars club Zimbabwe

HOSPITAL CASH PLAN CLAIM FORM

ALL QUESTIONS MUST BE ANSWERED **CONTACT DETAILS.....**

1. Full Name of Insured	
2. Policy Number/ Cell Number	
3. Patient/Dependant Hospitalised	
4. Address	
5. Indicate reason for hospitalisation (tick)	(a) Illness ☐ (b)Accident ☐
6. (a) Date Admitted (b)Time of Admission	....
7. (a) Name of admitting doctor (b) His/Her AHFOZ number	....
8. (a) Date discharged (b) Time of Discharge	....
9 (a) Name of discharging doctor (b) His/Her AHFOZ number	....
10. Name of Hospital	.....
11. Medical aid provider, if any	.....

12. Banking Details	Name of claimant/Payee ..... Bank Account Number ..... Bank Name ..... Branch Code .....

Date:..... **Signature:.....**

Documents required to process Claim:
1) Doctor's confirmation of stay in Hospital **2)** ID which includes passport, driver's licence, National ID, Birth Certificate for children.
3) Confirmation of medical aid, if applicable. (Copy of medical aid card will suffice.) or receipts paid at hospital. **3)** Hospital statement **4)** Hospital discharge summary or patient review card with diagnosis.

Internal Use only:
Claim Reference numbers:

Date of the results:

Results of claim:

Insurance Fraud is a Crime

Underwritten by Eagle Insurance Company Limited