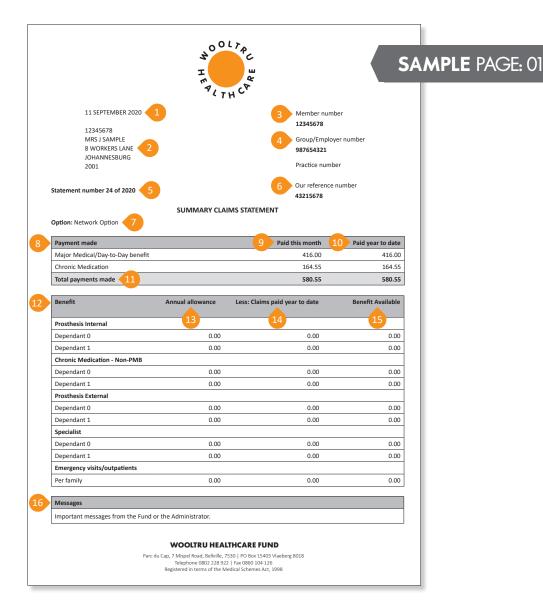


Network Option

Summary Claims Statement Explained



SUMMARY CLAIMS STATEMENT

- **DATE OF STATEMENT:** This is the date that the statement is generated.
- PRINCIPAL MEMBER NAME AND ADDRESS: This reflects the name and address of the principal member.
- MEMBERSHIP NUMBER: This is your Wooltru Healthcare Fund membership number.
- **GROUP/EMPLOYER NUMBER:** This number reflects your employer number.
- **STATEMENT NUMBER:** This is the number of the statement that has been generated.
- OUR REFERENCE NUMBER: This is the Administrator's reference number which you need to quote in all correspondence and when calling in with queries.





11 SEPTEMBER 2020 1

12345678
MRS J SAMPLE
8 WORKERS LANE
JOHANNESBURG
2001

3 Member number 12345678

Group/Employer number 987654321

Practice number

6 Our reference number 43215678

SUMMARY CLAIMS STATEMENT

Option: Network Option

Statement number 24 of 2020

8	Payment made	9	Paid this month	10	Paid year to date
	Major Medical/Day-to-Day benefit		416.00		416.00
	Chronic Medication		164.55		164.55
	Total payments made 11		580.55		580.55

Benefit	Annual Allowance	Less: Claims paid year to date	Benefit Available	
Prosthesis Internal	13	14	15	
Dependant 0	0.00	0.00	0.00	
Dependant 1	0.00	0.00	0.0	
Chronic Medication - Non-PMB				
Dependant 0	0.00	0.00	0.0	
Dependant 1	0.00	0.00	0.0	
Prosthesis External				
Dependant 0	0.00	0.00	0.0	
Dependant 1	0.00	0.00	0.0	
Specialist				
Dependant 0	0.00	0.00	0.0	
Dependant 1	0.00	0.00	0.0	
Emergency visits/outpatients				
Per family	0.00	0.00	0.0	

Messages
Important messages from the Fund or the Administrator.

WOOLTRU HEALTHCARE FUND

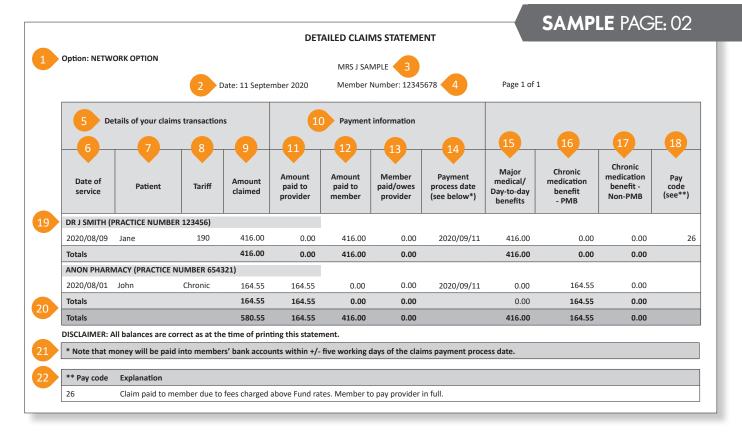
Parc du Cap, 7 Mispel Road, Bellville, 7530 | PO Box 15403 Vlaeberg 8018 Telephone 0802 228 922 | Fax 0860 104 126 Registered in terms of the Medical Schemes Act, 1998

SUMMARY CLAIMS STATEMENT CONTINUED

- **OPTION:** This reflects which benefit option of the Fund you are on.
- **PAYMENT MADE:** This lists payments made to which benefit.
- 9 **PAID THIS MONTH:** This lists payments that have been made so far this month per benefit.
- **PAID YEAR TO DATE:** This shows payments that have been made so far this year per benefit.
- 111 TOTAL PAYMENTS MADE: Total payments made this month and this year.

- 12 **BENEFIT:** This indictates the benefits available.
- **ANNUAL ALLOWANCE:** This indicates sub-limits available.
- LESS: CLAIMS PAID YEAR TO DATE: This indicates payments that have been made for the year per benefit.
- **BENEFIT AVAILABLE:** Indicates the balance of the benefit left for the year.
- **MESSAGES:** This will reflect any important messages from the Fund or the Administrator.

Detailed Claims Statement Explained



DETAILED CLAIMS STATEMENT

- **OPTION:** This reflects which benefit option of the Fund you are on.
- 2 **DATE OF STATEMENT:** This is the date that the statement is generated.
- 3 **MEMBER NAME:** The name of the principal member.
- 4 **MEMBERSHIP NUMBER:** This is your Wooltru Healthcare Fund membership number.
- 5 **DETAILS OF YOUR CLAIMS TRANSACTIONS:** This explains the claims that have been submitted in more detail.
- DATE OF SERVICE: The date that you visited the doctor/ provider.
- 7 PATIENT: The name of the patient/dependant.
- 8 TARIFF: This is the code that the doctor/provider uses to charge for services rendered.
- 9 **AMOUNT CLAIMED:** The amount that the doctor/provider has billed for services rendered.
- **PAYMENT INFORMATION:** This explains how the claim is processed and paid.
- **AMOUNT PAID TO PROVIDER:** The amount paid to the provider by the Fund.
- **AMOUNT PAID TO MEMBER:** The amount that has been paid directly to the member.

- MEMBER PAID/OWES PROVIDER: This shows the amount you have paid upfront to the provider, or if you owe any balance on this claim.
- PAYMENT PROCESS DATE: The date the money should reflect into the banking account of the provider.
- MAJOR MEDICAL/DAY-TO-DAY BENEFIT: This shows which benefit the claim will be paid from.
- 16 CHRONIC MEDICATION BENEFIT PMB: This section shows a PMB chronic medication claim.
- 17 CHRONIC MEDICATION BENEFIT NON-PMB: This shows a non-PMB chronic medication claim.
- 18 PAY CODE: The explanation that goes along with the
- DETAILS OF YOUR CLAIMS TRANSACTIONS: This shows the details of the claims, i.e. provider, tariff, amount charged, etc.
- **TOTALS:** This reflects the total amounts paid out following the claims payment run.
- NOTES: Any notes from the Fund or Admininistrator pertaining to these claims will be explained here.
- PAY CODE EXPLANATION: This shows any further detail related to the claim that needs clarity.

