



SUMMARY CLAIMS STATEMENT EXPLAINED

SAMPLE



1 08 AUGUST 2023

2 12345678
MRS J SAMPLE
8 WORKERS LANE
JOHANNESBURG
2001

3 Member number
12345678

4 Group/Employer number
987654321

Practice number

6 Our reference number
43215678

5 Statement Number 7 of 2023

SUMMARY CLAIMS STATEMENT

7 Option: Comprehensive Option

8 Payment made by the Fund	9 Paid this month	10 Paid year to date
Major Medical Expenses	0.00	3028.38
Chronic Medicine Benefit	0.00	15206.79
11 Total payments made by the Fund	0.00	18235.17

12 Professional Services Benefit	Amount
Annual Allowance	10600.00
13 Less: Claims paid year to date	0.00
14 Benefit Available	10600.00

16 2023 Medical Savings Account (MSA)	Amount
Amount brought forward from previous year	1426.64
17 Plus: MSA contribution received year to date	8397.00
18 Plus: Advance on MSA allocated year to date	7218.00
19 Less: Claims paid year to date (includes amount of R183.30 this month)	8620.67
20 Total available MSA	8420.97

22 Messages
Please remember to check your claims statements to ensure that your claims have been paid correctly. Contact the client services department on 0802 228 922 if you have any queries.

WOOLTRU HEALTHCARE FUND

Parc du Cap, 7 Mispel Road, Bellville 7530 PO Box 2212, Bellville 7535
Telephone 0802 228 922 Fax 0860 104 126

Registered in terms of the Medical Schemes Act, 1998

EXPLANATIONS

- 1 **Date of statement:** This is the date that the statement is generated.
- 2 **Principal member name and address:** This reflects the name and address of the principal member.
- 3 **Membership number:** This is your Wooltru Healthcare Fund membership number.
- 4 **Group/Employer number:** This number reflects your employer number.
- 5 **Statement number:** This is the number of the statement that has been generated.
- 6 **Our reference number:** This is the Administrator's reference number which you need to quote in all correspondence and when calling in with queries.
- 7 **Option:** This reflects which benefit option of the Fund you are on.
- 8 **Payment made by the Fund:** This lists payments made to which benefit.
- 9 **Paid this month:** This lists payments that have been made so far this month per benefit.
- 10 **Paid year to date:** This shows payments that have been made so far this year per benefit.
- 11 **Total payments made by the Fund:** Total payments made this month and this year.
- 12 **Professional services benefit:** This is an additional benefit for **Comprehensive Option** members.
- 13 **Annual allowance:** This indicates sub-limits available.
- 14 **Less: Claims paid year to date:** This indicates payments that have been made for the year per benefit.
- 15 **Benefit available:** Indicates the balance of the benefit left for the year.
- 16 **Medical savings account (MSA):** This section shows information pertaining to your medical savings account.
- 17 **Amount brought forward from previous year:** The medical savings account (MSA) balance brought forward from the previous benefit year.
- 18 **Plus: MSA contribution received year to date:** The savings (MSA) contributions received in this calendar year.
- 19 **Plus: Advance on MSA allocated year to date:** Savings (MSA) is advanced for the number of months remaining in the calendar year – this is the amount that has been advanced for the remainder of the year.
- 20 **Less: Claims paid year to date:** The total claims paid from savings (MSA) for this calendar year.
- 21 **Includes amount of this month:** The total claims paid from savings (MSA) during this month. The same amount will be reflected on your detailed claims statement in the Medical Savings Account column.
[See point 23 on page 2](#)
- 22 **Messages:** This will reflect any important messages from the Fund or the Administrator.



DETAILED CLAIMS STATEMENT EXPLAINED

SAMPLE

DETAILED CLAIMS STATEMENT

Option: COMPREHENSIVE OPTION 2023 — 1

MRS J SAMPLE — 3

Date: 08 August 2023 — 2

Member Number: 12345678 — 4

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5 — Details of your claims transactions				10 — Payment information									
6 — Date of service	7 — Patient	8 — Tariff	9 — Amount claimed	11 — Amount paid to supplier	12 — Amount paid to member	13 — Member paid/owes supplier	14 — Payment Process date (see below*)	15 — Major Medical Expenses	16 — Chronic Medicine Benefit - PMB	17 — Chronic Medicine Benefit - non PMB	18 — Professional Services Limit	19 — Medical Savings Account	20 — Pay code (see**)
21 — ANON PHARMACY (Practice no 1234567)													
2023/06/12	Jane	Acute	125.89	114.90	0.00	10.99	2023/06/23	0.00	0.00	0.00	0.00	114.90	904
2023/06/12	Jane	Acute	68.40	68.40	0.00	0.00	2023/06/23	0.00	0.00	0.00	0.00	68.40	
Totals			194.29	183.30	0.00	10.99		0.00	0.00	0.00	0.00	183.30	
Totals — 22			194.29	183.30	0.00	10.99		0.00	0.00	0.00	0.00	183.30	23

DISCLAIMER: All balances are correct as at the time of printing this statement.

* Note that money will be paid into members' bank accounts within +/- 5 working days of the Payment process date. — 24

** Pay Code Explanation — 25

904 Reference Pricing Applied

EXPLANATIONS

- 1 **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.
- 6 **Date of service:** The date that you visited the doctor/healthcare provider.
- 7 **Patient:** The name of the patient/dependant.
- 8 **Tariff:** This is the code that the doctor/healthcare provider uses to charge for services rendered.
- 9 **Amount claimed:** The amount that the doctor/healthcare provider has billed for services rendered.
- 10 **Payment information:** This explains how the claim is processed and paid.
- 11 **Amount paid to supplier:** The amount paid to the healthcare provider by the Fund.
- 12 **Amount paid to member:** The amount that has been paid directly to the member.
- 13 **Member paid/owes supplier:** This shows the amount you have paid upfront to the healthcare provider, or if you owe any balance on this claim.
- 14 **Payment process date:** The date the money should reflect into the banking account of the healthcare provider.
- 15 **Major medical expenses:** This shows which benefit the claim will be paid from.
- 16 **Chronic medicine benefit - PMB:** This section shows a PMB chronic medication claim.
- 17 **Chronic medicine benefit - non-PMB:** This shows a non-PMB chronic medication claim.
- 18 **Professional services limit:** This is the limit of the additional benefit for **Comprehensive Option** members.
- 19 **Medical savings account:** The medical savings account (MSA) covers day-to-day claims from your available savings.
- 20 **Pay code:** The explanation that goes along with the claim.
- 21 **Details of your claims transactions:** This shows the details of the claims, i.e. healthcare provider, tariff, amount charged, etc.
- 22 **Totals:** This reflects the total amounts paid out following the claims payment run.
- 23 **Total claims paid from savings (MSA):** This is the amount paid during this month as shown on your summary claims statement.
- 24 **Notes:** Any notes from the Fund or Administrator pertaining to these claims will be explained here.
- 25 **Pay code explanation:** This shows any further detail related to the claim that needs clarity.