

## Reimbursement of out of network or emergency GP consultations

### Important notes:

- An out of network consultation refers to a consultation at a non-Network General Practitioner while an emergency consultation is where immediate medical treatment was required and your Momentum CareCross GP was not available.
- This benefit is limited and includes the costs for the General Practitioner consultations, procedures, medication, radiology and pathology. Please note that facility fees are not covered. The benefit is pro-rated if you joined after 1 January this year. Please refer to your Scheme benefit brochure for the applicable limit.
- You will need to pay the claims upfront before submitting them for reimbursement. You also need to attach the detailed claims as well as the receipts for the payments you have made in respect of the visit. Only receipted claims will be considered. Please complete all sections below.
- Members are allowed a period of four months from the date of treatment in which to submit the claim for payment. Once the four month period has lapsed the claim becomes stale and will not be paid.
- Refunds are by Electronic Fund Transfer (EFT) only.
- Please keep copies of all the documents, as well as the proof that you have submitted them.
- You can email the documentation to us at [reimbursements.carecross@momentum.co.za](mailto:reimbursements.carecross@momentum.co.za) or post it to: Momentum CareCross, PO Box 2212, Bellville, 7535.
- Payments are made within 30 days from the date of receipt and will be reflected on your remittance statement.

### 1: Personal information

Medical scheme name	<input type="text"/>
Membership number	<input type="text"/>
Full name of member	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

### 2: Details of claims submitted for payment

	Claim 1	Claim 2	Claim 3	Claim 4
Name of doctor				
Practice number				
Treatment date				

<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
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