# Understanding your Alpha Claims Statement

Medimed
Managing your healthcare security

## 1 DATE OF SERVICE

This is the date that the service provider rendered the service. It is important that this date is correct. The claim will be rejected as stale if it is not submitted within four months of this date.

## 2 PROVIDER REFERENCE

This is a tracking number allocated to the original claim by the service provider. It allows Medimed and the service provider to cross-reference the claims on their systems.

## 3 ITEM CODE

This is the code used by the service provider and Medimed to identify the services rendered or medication dispensed.

## 4 BENEFIT

This refers to the benefit category against which the claim has been processed. It is important to verify that claims were paid from the correct benefit e.g. that your chronic medication is paid from the chronic medication benefit and not the acute medication benefit.

## 5 CLAIMED

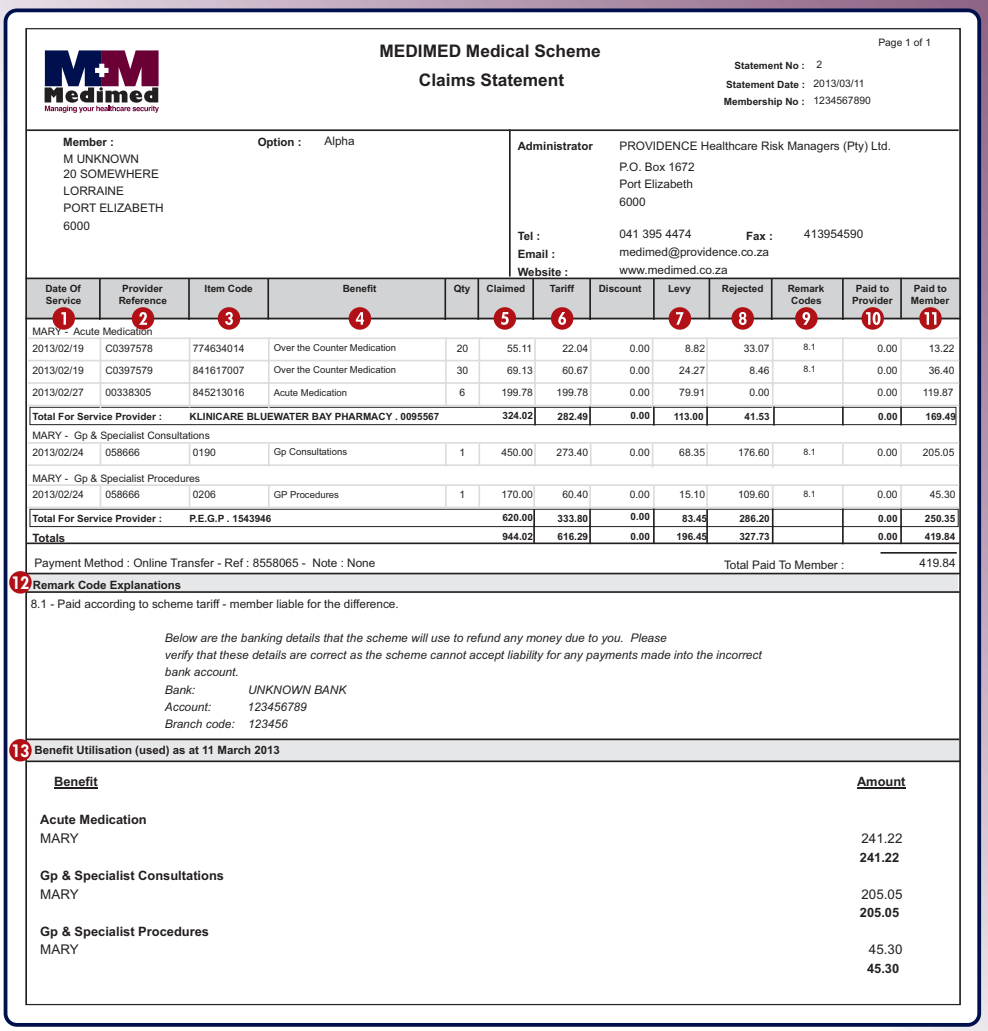
This is the amount that the service provider claimed for services rendered or medication dispensed.

## 6 TARIFF

Medimed pays claims in accordance with the Medimed Scheme Tariff. This column indicates the Medimed Scheme Tariff. If the amount in the "**CLAIMED**" column is greater than the "**TARIFF**" column, you, as the member, will be liable for paying the difference to the service provider. It is therefore important to establish and possibly negotiate, what your service provider charges, prior to receiving the service.

## 7 LEVY

The majority of benefits on the Alpha option are paid up to a percentage of the tariff amount, the balance being the member levy e.g. GP Consultations is paid at 75% of the Medimed Scheme Tariff – 75% is paid by Medimed and the balance of 25% is the member levy. The levy amount indicates the percentage of the tariff for which the member is liable.



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**MEDIMED Medical Scheme**
**Claims Statement**

Page 1 of 1
Statement No : 2
Statement Date : 2013/03/11
Membership No : 1234567890

**Member :**
M UNKNOWN
20 SOMEWHERE
LORRAINE
PORT ELIZABETH
6000

**Option :** Alpha

**Administrator** PROVIDENCE Healthcare Risk Managers (Pty) Ltd.
P.O. Box 1672
Port Elizabeth
6000

**Tel :** 041 395 4474 **Fax :** 413954590
**Email :** medimed@providence.co.za
**Website :** www.medimed.co.za

| Date Of Service 1 | Provider Reference 2 | Item Code 3 | Benefit 4 | Qty | Claimed 5 | Tariff 6 | Discount | Levy 7 | Rejected 8 | Remark Codes 9 | Paid to Provider 10 | Paid to Member 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MARY - Acute Medication | | | | | | | | | | | | |
| 2013/02/19 | C0397578 | 774634014 | Over the Counter Medication | 20 | 55.11 | 22.04 | 0.00 | 8.82 | 33.07 | 8.1 | 0.00 | 13.22 |
| 2013/02/19 | C0397579 | 841617007 | Over the Counter Medication | 30 | 69.13 | 60.67 | 0.00 | 24.27 | 8.46 | 8.1 | 0.00 | 36.40 |
| 2013/02/27 | 00338305 | 845213016 | Acute Medication | 6 | 199.78 | 199.78 | 0.00 | 79.91 | 0.00 | | 0.00 | 119.87 |
| **Total For Service Provider :** | | **KLINICARE BLUEWATER BAY PHARMACY . 0095567** | | | 324.02 | 282.49 | 0.00 | 113.00 | 41.53 | | 0.00 | 169.49 |
| MARY - Gp & Specialist Consultations | | | | | | | | | | | | |
| 2013/02/24 | 058666 | 0190 | Gp Consultations | 1 | 450.00 | 273.40 | 0.00 | 68.35 | 176.60 | 8.1 | 0.00 | 205.05 |
| MARY - Gp & Specialist Procedures | | | | | | | | | | | | |
| 2013/02/24 | 058666 | 0206 | GP Procedures | 1 | 170.00 | 60.40 | 0.00 | 15.10 | 109.60 | 8.1 | 0.00 | 45.30 |
| **Total For Service Provider :** | | **P.E.G.P . 1543946** | | | 620.00 | 333.80 | 0.00 | 83.45 | 286.20 | | 0.00 | 250.35 |
| **Totals** | | | | | 944.02 | 616.29 | 0.00 | 196.45 | 327.73 | | 0.00 | 419.84 |

Payment Method : Online Transfer - Ref : 8558065 - Note : None
Total Paid To Member : 419.84

**12 Remark Code Explanations**

8.1 - Paid according to scheme tariff - member liable for the difference.

*Below are the banking details that the scheme will use to refund any money due to you. Please verify that these details are correct as the scheme cannot accept liability for any payments made into the incorrect bank account.*
*Bank: UNKNOWN BANK*
*Account: 123456789*
*Branch code: 123456*

**13 Benefit Utilisation (used) as at 11 March 2013**

| Benefit | Amount |
|---|---|
| **Acute Medication** | |
| MARY | 241.22 |
| | **241.22** |
| **Gp & Specialist Consultations** | |
| MARY | 205.05 |
| | **205.05** |
| **Gp & Specialist Procedures** | |
| MARY | 45.30 |
| | **45.30** |

## 8 REJECTED

This indicates the amount rejected by Medimed. Possible reasons for rejected amounts can include amounts for which Medimed is not liable such as when the benefit limit has been reached, the services rendered or item dispensed is a Scheme exclusion or the amount charged is above the Medimed Scheme Tariff.

## 9 REMARK CODES

This gives the reason for the rejection. This is explained under 12 "**REMARK CODE EXPLANATIONS**"

## 10 PAID TO PROVIDER

This is the amount paid to the service provider. Payments to providers occur on a weekly basis.

## 11 PAID TO MEMBER

This is the amount refunded to the member where the member has paid the service provider. The funds will be transferred electronically into the member's bank account if Medimed has banking details on our system. Refunds to members occur on a weekly basis.

## 12 REMARK CODE EXPLANATIONS

These codes provide explanations for the rejections indicated under column 9 "**REMARK CODES**". The principal member's banking details are also indicated here. This is the bank account Medimed will use to refund any money due to the member. It is therefore important to verify that these details are correct to ensure that refunds are paid into the correct bank account.

## 13 BENEFIT UTILISATION (USED) AS AT THE STATEMENT DATE

This provides a summary of the benefits used as at the date of the statement to assist the member to keep track of all healthcare expenses.