2024 CLAIM FORM | TRAUMA COUNSELLING BENEFIT

Stratum Benefits

1. YOUR PROFILE

PRINCIPAL INSURED DETAILS

Title | Name | Surname

ID/Passport No. | Contact No.

Email Address

PATIENT DETAILS

Please indicate if the patient is the principal insured, in which case the below details aren't required.

Title | Name | Surname

ID/Passport No. | Medical Aid

Medical Aid Plan | Membership No.

2. TRAUMA EVENT DETAILS & COUNSELLING DATES *(For your Trauma Counsellor to complete)*

*Our **TRAUMA COUNSELLING BENEFIT** applies when counselling is necessitated by specific traumatic events. Which event pertains to your patient?*

- Declared totally and permanently disabled due to an accident
- Mourns the death of a loved one
- Witnessed / directly affected by an act of physical violence or an accident
- Received news of a loved one's / own diagnosis of a critical illness *(Please specify)*
- Other *(Please specify)*

Counselling Date Y Y Y Y - M M - D D

3. TRAUMA COUNSELLOR DECLARATION

As the Trauma Counsellor who's consulting/consulted with the patient, I hereby declare that the information provided is true and correct.

Trauma Counsellor Name | Practice No.

Practice Stamp / Authorised Signatory

4. YOUR CLAIM REIMBURSEMENT PROFILE

The approved claim amount will be paid into the bank account number provided. We don't accept any responsibility or liability for a claim payment made into an incorrect bank account.

Bank | Account No.

Account Holder | Branch

Account Type Cheque Savings | Account Holder Signature

5. AUTHORISATION & DECLARATION ACCEPTANCE

As the principal insured, I confirm that the details and supporting documents submitted are true and correct and understand that non-disclosure or false representation may result in the rejection of the claim and cancellation of cover.

I authorise my medical aid and healthcare providers to provide **Stratum Benefits** and their authorised representatives with any information needed to assess my or my dependant's claim.

Principal Insured Signature | Date Y Y Y Y - M M - D D

Email **yourspecialisedclaim@stratumbenefits.co.za**
Please contact us if you haven't received feedback within **10 working days** from submitting your claim form.