

# CLAIMS STATEMENT EXPLAINED

**Imperial Motus Med**

1 April 20XX

0000000000  
MR AB SAMPLE  
SAMPLE STREET 5  
SAMPLE  
0000

Statement number 6 of 20XX

Member number  
0000000000

Group/Employer number  
0000000000  
Practice number

Our reference number  
00000000

SUMMARY CLAIMS STATEMENT

Option:

Payment by the Scheme	Paid this month*	Paid year to date*
Major medical benefit	0.00	0.00
Chronic medicine benefit	0.00	0.00
<b>Total paid by Scheme</b>	<b>0.00</b>	<b>0.00</b>

Out-of-hospital benefits	Limit	Paid year to date	Benefit Available
Consultative services (GPs/Specialists)	0.00	0.00	0.00
Acute meds	0.00	0.00	0.00
Advanced/Specialised dentistry	0.00	0.00	0.00

Payment details	Amount
Amount due by you to the Scheme	0.00

Principal Officer: JJ van der Walt  
Trustees: OJ Janse van Rensburg (Chairman), CFP de Klerk, S Woodward, ADSS Sarria, JD Berman, S Tewary Ahmed  
PO Box 2287, Bellville 7535 | T 0860 467 374 | F 0860 111 788  
enquiries@imperialmotusmed.co.za | www.imperialmotusmed.co.za

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## SUMMARY CLAIMS STATEMENT

- 1 **Member number:** Indicates your membership number
- 2 **Group/Employer number:** Indicates your employer/pensioner group number
- 3 **Statement number:** Shows the statement number
- 4 **Our reference number:** Shows the statement reference number
- 5 **Option:** Name of the benefit option

1 April 20XX

0000000000  
 MR AB SAMPLE  
 SAMPLE STREET 5  
 SAMPLE  
 0000

1 Member number  
 0000000000

2 Group/Employer number  
 0000000000

Practice number

Statement number 6 of 20XX 3

4 Our reference number  
 00000000

**SUMMARY CLAIMS STATEMENT**

Option: 5

Payment by the Scheme	Paid this month*	Paid year to date*
Major medical benefit	6 0.00	7 0.00
Chronic medicine benefit	8 0.00	9 0.00
<b>Total paid by Scheme</b> 10	<b>0.00</b>	<b>0.00</b>

Out-of-hospital benefits	11 Limit	12 Paid year to date	13 Benefit Available
Consultative services (GPs/Specialists)	0.00	0.00	0.00
Acute meds	0.00	0.00	0.00
Advanced/Specialised dentistry	0.00	0.00	0.00

Payment details	Amount
Amount due by you to the Scheme 14	0.00



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**PAYMENT BY THE SCHEME:**

- 6 **Major medical benefit – Paid this month:** Indicates benefits paid from the insured benefit (approved admissions, care plan services and prescribed minimum benefits) for the relevant month
- 7 **Major medical benefit – Paid year to date:** Indicates benefits paid from the insured benefit (approved admissions, care plan services and prescribed minimum benefits) for the relevant year to date
- 8 **Chronic medicine benefit – Paid this month:** The amounts paid for medication approved for the member’s chronic conditions for the relevant month
- 9 **Chronic medicine benefit – Paid year to date:** The amounts paid for medication approved for the member’s chronic condition for the relevant year to date
- 10 **Total paid by the Scheme:** Amount paid for the relevant medical treatment/services

**OUT-OF-HOSPITAL BENEFIT:**

- 11 **Limit:** This shows the annual benefit limit for the particular benefit category that is displayed
- 12 **Paid year to date:** This reflects the amount paid for the particular benefit category that is displayed
- 13 **Benefit available:** This reflects the amount still available for the particular benefit category that is displayed

**PAYMENT DETAILS:**

- 14 **Amount due by you to the Scheme:** This is the amount you owe to the Scheme, e.g. for a claim incorrectly refunded to you instead of the service provider

## DETAILED CLAIMS STATEMENT

Option: **1**

**2** Date: 1 April 20XX

**3** MR AB SAMPLE  
Member Number: 0000

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Details of your claims transactions				Benefit information Amount paid from				Payment information				
<b>4</b> Date of service	<b>5</b> Patient	<b>6</b> Tariff	<b>7</b> Amount claimed	<b>8</b> Major medical	<b>9</b> Chronic medicine benefit	<b>10</b> Out-of-hospital benefit	<b>11</b> HealthSaver	<b>12</b> Amount paid to supplier	<b>13</b> Amount paid to member	<b>14</b> Member paid/owes supplier	<b>15</b> Payment process date (see*)	<b>16</b> Pay code (see**)
SAMPLE PHARMACY (Practice no 000000)												
20XX/03/26	Sample A	Slfmed		0.00	0.00	0.00	0.00	0.00	0.00	0.00	20XX/03/27	314
20XX/03/26	Sample B	Slfmed		0.00	0.00	0.00	0.00	0.00	0.00	0.00	20XX/03/27	314
20XX/03/26	Sample C	Slfmed		0.00	0.00	0.00	0.00	0.00	0.00	0.00	20XX/03/27	315
<b>17</b> Totals					0.00	0.00	0.00	0.00	0.00	0.00		
Totals					0.00	0.00	0.00	0.00	0.00	0.00		

HealthSaver: If applicable, you will receive a separate statement from HealthSaver with details of your HealthSaver account. This statement will include claim payment details.

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

Note that money will be paid into members' bank accounts within +/- five working days of the claims payment run date.

<b>18</b> **Pay code	Explanation
314	Payment from your prescribed minimum benefit (PMB) chronic benefit
315	Payment from prescribed minimum benefit (PMB) chronic benefit and the amount claimed is higher than PMB benefit. Single exit pricing (SEP) applied as per legislation

## DETAILED CLAIMS STATEMENT

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- 1** **Option:** Name of the benefit option
- 2** **Date:** Indicates the date of the statement
- 3** **Member number:** Indicates your membership number
- 4** **Date of service:** The date on which the patient received medical treatment/services
- 5** **Patient:** Beneficiary who received medical treatment/services
- 6** **Tariff:** The tariff code used to identify the type of medical treatment/services
- 7** **Amount claimed:** The amount charged for the medical treatment/services
- 8** **Major medical:** Benefit paid from the insured benefit (approved admissions, treatment plan services and prescribed minimum benefits)
- 9** **Chronic medicine benefit:** This amount is paid for medication approved for the member's chronic condition
- 10** **Out-of-hospital benefit:** This amount is paid for services or treatment that is usually received out of hospital
- 11** **HealthSaver:** Co-payments or benefits excluded by the Scheme are paid from this account
- 12** **Amount paid to supplier:** This is the amount paid by Imperial Motus Med on behalf of the member to the provider who provided the medical treatment/services
- 13** **Amount paid to member:** This is the amount payable to the member by Imperial Motus Med for medical treatment/services that the member has paid for and is claiming back from the Scheme
- 14** **Member paid/owes supplier:** This is the amount that the member is liable to settle with the service provider
- 15** **Payment process date (see\*):** The date payment will be paid into bank account.
- 16** **Pay code (see\*\*):** This column will contain a code related to the claim being rejected or only partly paid
- 17** **Totals:** Amount paid for the relevant medical treatment/services
- 18** **\*\*Pay code explanation:** The description for the code reflected in column 'Pay code' (see\*\*) as an explanation for a rejection or part-payment made by Imperial Motus Med.

## DETAILED CLAIMS STATEMENT

Option: **1**

**2** Date: 1 April 20XX

MR AB SAMPLE

**3** Member Number: 0000

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Details of your claims transactions			Benefit information Amount paid from				Payment information					
4	5	6	7	8	9	10	11	12	13	14	15	16
Date of service	Patient	Tariff	Amount claimed	Major medical	Chronic medicine benefit	Out-of-hospital benefit	HealthSaver	Amount paid to supplier	Amount paid to member	Member paid/owes supplier	Payment process date (see <sup>16</sup> )	Pay code (see <sup>16</sup> )
SAMPLE PHARMACY (Practice no 000000)												
20XX/03/26	Sample A	Slfmed		0.00	0.00	0.00	0.00	0.00	0.00	0.00	20XX/03/27	314
20XX/03/26	Sample B	Slfmed		0.00	0.00	0.00	0.00	0.00	0.00	0.00	20XX/03/27	314
20XX/03/26	Sample C	Slfmed		0.00	0.00	0.00	0.00	0.00	0.00	0.00	20XX/03/27	315
Totals				0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Totals				0.00	0.00	0.00	0.00	0.00	0.00	0.00		

**17** HealthSaver: If applicable, you will receive a separate statement from HealthSaver with details of your HealthSaver account. This statement will include claim payment details.  
**DISCLAIMER:** All balances are correct as at the time of printing this statement.

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