

HOSPITAL CASH CLAIM FORM

GENERAL CONDITIONS

1. This form MUST be duly completed and signed by the attending Doctor and Patient.
2. A separate claim form MUST be completed for each patient and for every visit.
3. Attach ALL relevant documents to every Claim form i.e. original Invoice, copies of prescriptions, referral sheet, Laboratory & X-rays forms.

PERSONAL INFORMATION

Corporate/Employer Name		Relationship of Patient to Principal	
Full Name of Patient		Mobile No.	
Name of Principal		Age	
Policy/Member No.		D.O.B	
ID No.		ICD 10 Code	

NAME OF HOSPITAL ADMITTED IN: _____

DOCUMENTATION TO BE ATTACHED

	ITEM	TICK (✓) IF PROVIDED
1.	Original Hospital Invoice	
2.	Copies of Prescriptions	
3.	Copy of Discharge Form	
4.	Copy of Laboratory/ X-Ray Forms	
5.	Insured/ Dependant ID Copies	

Declaration:

I hereby certify that the above statements are true and complete and that no information has been omitted or withheld. I consent to Britam General Insurance Co. (Kenya) Ltd seeking further information from any doctor that I or my dependants have consulted.

Principal/Guardian/Patient Signature..... Date:

Doctors Certificate:

I hereby certify that the above amounts are in accordance with my specified treatment to the best of my knowledge and belief. The claim is approved for payment.

Name of Doctor: Signature: Date:

Official stamp:



POLICY CLAIM/BENEFIT PAYMENT AUTHORISATION FORM VIA M-PESA

POLICY No: CLAIM/BENEFIT TYPE:

CLAIM/BENEFIT DATE (occurrence/application): DD/MM/YYYY

I, (FULL NAMES), hereby authorize Britam (hereinafter referred to as "the Company") to make the claim/benefit payment against the policy stated above through M-PESA service provided by Safaricom Limited to the Safaricom mobile telephone number

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(in words)

I confirm that I'm the legally registered owner of the mobile telephone number stated above.

I confirm that the stated mobile telephone number is registered for M-PESA services with Safaricom Limited and understand that my request for payment via the MPESA service will not be honoured if I'm not a registered user of the M-PESA service.

I confirm that I'm the holder of the identification number stated below and that it is registered with Safaricom Limited for use of M-PESA services.

I confirm that I'm the owner/beneficiary (**strike out where not applicable**) of the above stated policy number. If not the owner/beneficiary, I'm claiming in my capacity as.....

I understand that use of this method to make the claim/benefit settlement to me will be subject to the terms and conditions of the M-PESA service as from time to time prescribed by Safaricom Limited and hereby agree to be bound by those terms and conditions.

I understand that the Company shall not be liable if the mobile telephone number provided above is incorrect, does not belong to me and/or is not registered in my name and hereby fully absolve the Company from any liability arising therefrom.

ID Type (Kenyan National ID/Passport) :..... Number:

Postal Address Code

Email Address:KRA PIN.....

Dated at (town):this day of (month) 20.....

Applicant's Signature:

Witness Name: Signature:

IMPORTANT NOTICE:

Although payment is through M-PESA, claimants will receive an SMS on the stated mobile phone number from **504900 - COMMERCIAL BANK OF AFRICA MPESA PAYMENTS A/C** once the transfer has been done.

Use of M-PESA to settle claims/benefits is at the Company's discretion and is restricted to those payments where the net value payable to the claimant is within the maximum limit for a single transaction as from time to time set by Safaricom Limited. The Company shall not split claim/benefit payments whose net value is greater than the aforementioned maximum into multiple transactions to effect payment to an individual claimant and shall make payment by a single transaction only.