

# MEDICAL CLAIM FORM

HOSPITAL/SERVICE PROVIDER NAME

CONTACT NUMBER(S)   EMAIL

**GENERAL CONDITIONS**

- 1. ALL sections of this form must be clearly filled (BLOCK letters)
- 2. A separate claim form must be filled for each visit
- 3. Attach all medical bills and supporting documents as pertains to the patient to this claim form
- 4. Reimbursement claims after 60 days from date of services will be time barred
- 5. Claims received after 90 days from date of treatment will be time barred

**PERSONAL INFORMATION (Enter as displayed on the patient's MADISON card)**

NAME OF PATIENT    DATE OF BIRTH:

PATIENT MEMBERSHIP No.  PATIENT/PARENT/GUARDIAN PHONE No.

EMPLOYEE NAME/PRINCIPAL MEMBER  RELATIONSHIP WITH PATIENT: SPOUSE  PARENT  SELF

COMPANY/SCHEME

**CLINICAL INFORMATION (To be completed by the attending medical practitioner/consultant)**

Type of condition (Tick as appropriate) SICKNESS  ACCIDENT

**IF SICKNESS,**

Preliminary Diagnosis 1.  2.  3.  4.

Final Diagnosis 1.  2.  3.  4.

When was the condition first diagnosed?

In your opinion, what is the cause of this illness?  In your opinion, is the illness: Chronic  YES  NO  Recurring  YES  NO

Congenital  YES  NO

**IF ACCIDENT,** Nature of injuries  Date of Accident

Cause of accident  Location

Was the patient referred to a Specialist?  YES  NO  Treatment given

If Yes, Name of Consultant  Specialty  Location:

**DECLARATION**

I declare that the information provided on this form is true and complete. I agree and accept that this declaration gives Madison General Insurance Kenya Ltd and its appointed representatives the right to request past, present and future medical information in relation to this claim, from any third party, including providers and medical practitioners. I understand that any deliberate misrepresentation or omission of material facts may result in denial of the claim and/or cancellation of cover, and possible legal action.

**DISCLAIMER**

Falsified information is classified as intended fraud and shall be reported to the Insurance Fraud & Investigation Unit (IFIU) for criminal prosecution. Exclusions listed on reverse of this form.

**AN INCOMPLETE CLAIM FORM WILL RESULT IN REJECTION OF THIS CLAIM**

PATIENT/PARENT/GUARDIAN NAME   SIGN

I hereby certify that the above treatment was administered by me to the patient or was carried out at my instruction by other practitioners or establishments.

DOCTOR'S NAME  Qualification(s)

SIGN            STAMP

- I allow Madison Group and its subsidiaries to use the personal data i have provided above to provide me with insurance and fund management services.
- I allow Madison Group and its subsidiaries to communicate information regarding other products or services.

## GENERAL EXCLUSIONS

1. Expenses incurred by member out of self inflicted injury or attempted suicide.
2. Treatment of Obesity and slimming preparations tonics.
3. Patent foods or baby food, and similar aids, sunscreens, shampoos and Skin cleansing remedies. Acne treatment, beauty products, body building product, all forms of alternative medicine, household and biochemical remedies.
4. Cosmetic procedures including but not limited to Gastroplasty, bat ears, blephroplasty, breast augmentations, dermabrasions, liposuction, part and /or full nasal reconstructions, lipectomies, face lifts, revision of scars or such other procedures that the Medical Advisor deems cosmetic.
5. Cosmetic treatment and plastic surgery, whether or not for psychological purposes, including treatment for obesity investigative procedures or treatment of a routine nature, unless arising from an accident.
6. Treatment for injuries arising out of Voluntary participation in riots, demonstrations, unrest and civil or other wars.
7. Medical examinations for employment, insurance or physical fitness purposes or costs in respect of examinations and inoculations for international; travel as well as food handlers' examination unless otherwise approved by Madison Insurance.
8. Travel expenses other than emergency ambulance costs subject to approval by Madison.
9. Injury or sickness caused by Alcohol or drug abuse.
10. Holidays for recuperative purposes.
11. Private Nursing or Residential stay in a private Hospital or Health Hydros.
12. Patent / proprietary drugs (drugs available to the general public without a prescription) Homeopathic drugs.
13. Stop smoking aids.
14. Vitamins, tonics, and mineral supplements, herbal treatment/supplements, mouthwashes.
15. Treatment for infertility and artificial insemination.
16. Costs relating to Contraception and or sterilization unless otherwise approved by Madison General Insurance - Healthcare Team.
17. All costs in respect of Pre-Existing conditions that were specifically excluded in writing when the member joined the Medical Plan or which were not disclosed on the members application form.
18. All costs relating to the Purchase of medicines prescribed by a person not registered as a medical practitioner, legally entitled to prescribe such medicines.
19. All costs arising out of injuries sustained whilst participating in professional sports e.g. bungee diving, motor sport racing boat racing etc.
20. Costs relating to Sexually transmitted diseases.
21. Costs relating to Circumcision unless otherwise approved by Madison General Insurance - Healthcare team.
22. Costs relating to Non Medical treatment eg toiletries, sunglasses, slippers, basins, soaps.
23. Any costs pertaining to maternity benefits relating to child beneficiary.
24. All costs by which the Annual limits of a member or dependant in respect of the relevant options are exceeded for any treatment.
25. All costs relating to the difference in recommended tariff and the tariff actually charged by the Contacted Preferred Service provider.
26. Any Dental, Optical, Physiotherapy services, equipment for home use e.g. Crutches, Radiology services MRI & CT Scans or Hospital admission which no Pre-Authorization approval form has been given by Madison General Insurance - Health Care Team..
27. Expenses payable by any other Insurance company or source.
28. Any Dental, Optical, Physiotherapy, Radiology services (MRI & CTI Scans) and Equipment for home use (crutches, wheelchairs, thermometers, glucometers, BP machines etc) where no authorisation has been issued by Madison.
29. And any other excluded service under the members policy.