

1 Option
Plus Option

2 Member
1234567

3 Date of payment run
13/04/2023

4 Member Beneficiary Status

5 Code	6 Beneficiary Type	7 Beneficiary Name	8 Date of Birth	9 Status	10 Scheme Join Date	11 Benefit Date	12 Scheme Left Date
00	Principal Member	Pick n Pay member_1	22/01/1978	Active	01/01/2010	01/01/2010	
01	Adult Dependant	Pick n Pay member_2	10/09/1974	Active	01/01/2010	01/01/2010	

See the end section of the statement for a detailed explanation of statement contents and message code.

13 Claims

15 Treatment Date	16 Claimed Amount	Accept Amount	Scheme Benefit	Member Owes Scheme	Previously Paid	Due To/By(-) Provider	Due To/By(-) Member	Shortfall	MSA (Plus Option)	HealthSaver	Message Code		
23	24	25	26	17	18	19	20	21	22	23	24	25	26
Patient: MR PICK N PAY MEMBER_1													
08/02/2023	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9
08/02/2023	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Sub Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Provider: ANON PATHOLOGIST (123456789 / 2345678)													
Patient: MRS PICK N PAY MEMBER_2													
22/03/2023	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6
22/03/2023	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	117
Sub Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
27 Statement Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

28 Member Claim Balances

Opening balance	0.00
Claims Processed, Due to you	R0.00
Payment (Ref. 121212) of R0.00 paid into account *****1234 on 15/04/2023	-R0.00
Closing balance	0.00

29 Message explained

Message Code	Description
6	The amount claimed is above the scheme rate.
9	Benefit management rule is applied.
117	Co-payment applicable.

PLEASE NOTE:

We have provided an explanation for every possible field or scenario on this claims statement. Should any of these fields not appear on your statement, this means that there is no related transaction that requires this field to be reflected.

Detailed claims statement explained

- 1 Scheme benefit option:** Indicates which Scheme benefit category your benefits are being paid from
- 2 Membership number:** Your Pick n Pay Medical Scheme membership number
- 3 Date of payment run:** The date of this claims statement payment run
- 4 Membership details and status:** The details of the principal member and his or her dependants and their membership status
- 5 Dependant code:** The unique principal member or dependant code
- 6 Beneficiary type:** The type of beneficiary, e.g. principal member, child dependant or adult dependant
- 7 Beneficiary name:** The name of the patient or dependant
- 8 Date of birth:** The patient or dependant's date of birth
- 9 Membership status:** Your current membership status at the time of this claims statement
- 10 Scheme join date:** The date that you became a registered member of Pick n Pay Medical Scheme
- 11 Benefit date:** The date you are entitled to your Scheme benefits
- 12 Scheme left date:** The date on which your Scheme membership and benefits are terminated
- 13 Details of your claims transactions:** The claims that have been submitted in more detail
- 14 Healthcare provider:** The details of the healthcare provider who provided the service
- 15 Treatment date:** The date you visited the healthcare provider
- 16 Claimed amount:** The amount the healthcare provider charged for services rendered
- 17 Accepted amount:** The amount accepted for payment
- 18 Scheme benefit:** The amount paid to the healthcare provider according to your available Scheme benefits
- 19 Member owes Scheme:** The amount you owe the Scheme
- 20 Previously paid:** The portion of the accepted amount paid to you prior to this statement period
- 21 Due to/by healthcare provider:** The amount due to the healthcare provider by the Scheme (negative amounts mean amount is *due* by the healthcare provider to the Scheme)
- 22 Due to/by member:** The amount due to you by the Scheme (negative amounts mean amount is *due* by you to the Scheme)
- 23 Shortfall/Co-payment:** A possible out-of-pocket payment due by you (excluding electronic rejected pharmacy claims)
- 24 Medical Spending Account (MSA) – Plus Option:** The portion of a claim that was paid from your available MSA
- 25 Paid from HealthSaver:** The portion of a claim that was paid from HealthSaver
- 26 Message code:** Refers to the messages at the end of the statement, with explanations/reasons for the payment/rejection of each claim, where applicable
- 27 Statement totals:** The total amounts paid out following the claims payment run
- 28 Member claim balances:** This reflects any payments that are due to you or owed by you to the Scheme as a result of any claims payments; if a payment is due to you, we will reflect the bank account number that the claim will be paid into
- 29 Message code explained:** Corresponds with the message code in the claims statement above and provides explanations/reasons for each claim being paid/rejected, where applicable