

## Gap Cover Claiming Procedure

Please find attached the PnP Gap Supreme Claim Form to be completed and submitted with the necessary supporting documentation. (You have six months from date of incident / treatment to submit your claim to Ambledown).

Please complete the Claim Form and submit with the following:

- Copies of the provider's account (the actual accounts of the provider)
- A Copy of the hospital account
- Medical Scheme statement reflecting payment of the **hospital account** and the **providers (example anaesthetist, surgeon etc)**.
- Confirmation of banking details on a bank letterhead

Please make sure that you complete the payment instruction section fully on page 2 of the claim form. You can request the medical aid statement from Pick n Play Medical Scheme by emailing them at [enquiries@pnpms.co.za](mailto:enquiries@pnpms.co.za). Please remember to include your membership number in the subject line of the email request.

Alternatively, you can call the Client Services Team on 0800 004 389.

Please send the completed documentation to [claims@ambledown.co.za](mailto:claims@ambledown.co.za) and copy Le-Anne Mongie in the e-mail – [lmongie@nmg.co.za](mailto:lmongie@nmg.co.za).

Should you need any further assistance please do not hesitate to contact Le-Anne Mongie (Member Consultant – NMG Healthcare) on the details provided below:

T: +27 21 943 1800

D: +27 21 943 1884

E: [lmongie@nmg.co.za](mailto:lmongie@nmg.co.za) / [picknpaygap@nmg.co.za](mailto:picknpaygap@nmg.co.za)