

How To Claim



Before you incur any treatment costs it is always a good idea to check with Alliance Health that you are eligible for the benefits you wish to use. In many cases we may require you to PRE-AUTHORISE your benefit use with us first. This is helpful because it can prevent delays in service when your chosen service provider then wants to check with us over the telephone that you are eligible for benefits. Members may also find it embarrassing to be discussing their medical problems with third parties in public waiting rooms and reception areas.

We recommend that you use an Alliance Health Claim Form to document your claim, however, in the event that the service provider does not have these, you may use the national claim form.

In every case all sections of your claim form must be completed in full.

1. The first section must be completed by the member, providing the details of the person undergoing treatment or seeking advice.
2. The next section should be completed by your doctor, or treating practitioner. Please check that the **MEDICAL HISTORY** section is completed, including the (i) date when symptoms were first noticed (ii) when advice was first sought (without this information your claim can't be processed).
3. If you have paid for services, then please make sure that you get a receipt for your payment. Attach the original receipt to your claim form and tick the box at the top of the claim form next to "Payment of this claim should be made to: **THE MEMBER**". On the reverse of the form, please ensure that you provide us with your bank account details
4. Ensure that the form is signed and dated by you or your legal guardian.
5. If you are referred to a specialist, a therapist, scans or for diagnostic tests, then please include a copy of your referral note with your specialist/therapist/scans/testing claim form.
6. You must bring the completed form and your receipt to our offices at **7 Fleetwood Road, Alexandra Park, Harare** or **7 Oak Avenue, Suburbs, Bulawayo** **within 3 months from date of treatment**. We do not accept scanned copies.
7. Claims must be completed in permanent ink at all times and please write clearly! Claims may be rejected on account of illegibility, as such, information on claims should always be clear for the purposes of accurate adjudication.
8. For our members travelling outside of Zimbabwe – please do ensure that you carry several copies of our claim form in case you should seek treatment during your travels
9. Lastly, please consider that any misrepresentation of medical information is a serious offense that may result in immediate termination of membership and members should always seek at all times to be honest and complete the information provided.
10. After your claim has been logged, assessed, processed and paid you will receive a remittance advice listing all of the claims paid as well as claims that have been repudiated. Such non-payments can be queried by sending an email to clientservices@healthzim.com
11. The complete process of logging, assessing, processing and payment of your claim may take up to 30 days. If your claim takes longer than 30 days, then please do query the delay with us.
12. If your claim has been settled directly with a service provider, then you will not receive a remittance advice.
13. A refund of your honoured claims will then be paid into your nominated bank account as per details provided.