

# 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.

We recommend that an Alliance Health Claim Form be used 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, i.e. (i) date when symptoms were first noticed (ii) when advice was first sought.
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, ensure that you **provide your bank account details**.
4. Ensure that the claim 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. Bring the completed form and your receipt to our offices at **7 Fleetwood Road, Alexandra Park, Harare** or **7 Oak Avenue, Suburbs, Bulawayo**, or **2<sup>nd</sup> Floor Joina City, Harare**, or **2nd Floor Elephant's Walk Shopping Village, Victoria Falls** or send on email to [claimsteam@healthzim.com](mailto:claimsteam@healthzim.com) **within 3 months from date of treatment**.
7. Claims must be completed in permanent ink at all times. Claims may be rejected on account of illegibility, as such, information **should always be clear** for the purposes of accurate adjudication.
8. After your claim has been logged, assessed, authorised and paid **you will receive a remittance advice** notice with all of the claims paid as well as claims that have been repudiated. If the claim has been settled directly with a service provider, then you will **not** receive a remittance advice.
9. The complete process of processing your claim may take up to **14 days**. If your claim takes longer than 14 days, then please do query the delay with us by emailing [clientservices@healthzim.com](mailto:clientservices@healthzim.com)
10. A refund of your honoured claims will then be **paid into your nominated bank account** as per details provided or paid as cash where possible.
11. Lastly, please consider that any misrepresentation of medical information is a serious offense that may result in immediate termination of membership and you should **seek to be honest at all times**.