




# Claims Statement Explained



**transmed**  
MEDICAL FUND

1 MARCH 2017

MR AB SAMPLE  
SAMPLE STREET 5  
SAMPLE  
0000

Statement Number 1 of 2017

**SUMMARY CLAIMS STATEMENT**

Option:

Payment by the Scheme	Paid this month*	Paid year to date*
Major Medical Benefit	0.00	0.00
Chronic Medicine Benefit	0.00	0.00
<b>Total paid by Scheme</b>	<b>0.00</b>	<b>0.00</b>

Day-to-Day Benefits	Amount
Annual Benefit	0.00
Less: Claims paid year to date	0.00
<b>Day-to-Day Benefit Available</b>	<b>0.00</b>

Messages
Claims statement message

101 De Korte Street Braamfontein 2001 PO Box 32931 Braamfontein South Africa 2017  
De Korte-straat 101 Braamfontein 2001 Posbus 32931 Braamfontein Suid-Afrika 2017  
Enquiries/Navrae: Tel: 011 381 2020 or/0800 110 268 (SATS Pensioners/SAVD Pensioenarisse)  
Enquiries/Navrae: Tel: 011 381 2024 or/0800 450 010 (Working Members and Pensioners/ Werkende Lede en Pensioenarisse)  
Enquiries/Navrae: Tel: 011 381 2028 (Service Providers or/of Diensverskaffers/Fax/Faks 011 381 2041/2 E-mail: E-pos enquiries@transmed.co.za Website/Website: www.transmed.co.za

## SUMMARY CLAIMS STATEMENT

- 1 **Member number:** Indicates your membership number.
- 2 **Group/employer number:** Indicates your employer/pensioner group number.
- 3 **Statement number:** Shows the statement number.
- 4 **Our reference number:** Shows the statement reference number.
- 5 **Option:** Name of the benefit option.



1 MARCH 2017

MR AB SAMPLE  
SAMPLE STREET 5  
SAMPLE  
0000

- 1 Member number  
0000
- 2 Group/employer number  
0000
- Practice number
- 4 Our reference number  
0000

Statement Number 1 of 2017 3

### SUMMARY CLAIMS STATEMENT

Option: 5

Payment by the Scheme	Paid this month*	Paid year to date*
Major Medical Benefit	6 0.00	7 0.00
Chronic Medicine Benefit	8 0.00	9 0.00
<b>Total paid by Scheme</b> 10	<b>0.00</b>	<b>0.00</b>

Day-to-Day Benefits	Amount
Annual Benefit	11 0.00
Less: Claims paid year to date	12 0.00
<b>Day-to-Day Benefit Available</b> 13	<b>0.00</b>

Messages
14 Claims statement message

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Enquiries/Navrae: Tel: 011 381 2024 or/of 0800 450 010 (Working Members and Pensioners/ Werkende Lede en Pensioenarisse)  
Enquiries/Navrae: Tel: 011 381 2026 (Service Providers or/of Diensverskaffers/Fax/Faks 011 381 2041/2 E-mail/E-pos enquiries@transmed.co.za Website/Wêbtuiste: www.transmed.co.za

## PAYMENT BY THE SCHEME:

- 6 **Major medical benefit – paid for this month:** Indicates benefits paid from the insured benefit (approved admissions, care plan services and prescribed minimum benefits) for the relevant month.
- 7 **Major medical benefit – paid year to date:** Indicates benefits paid from the insured benefit (approved admissions, care plans services and prescribed minimum benefits) for the relevant year to date.
- 8 **Chronic medicine benefit – paid for this month:** The amounts paid for medication that has been approved for the member's chronic condition for the relevant month.
- 9 **Chronic medicine benefit – paid year to date:** The amounts paid for medication approved for the member's chronic condition for the relevant year to date.
- 10 **Total paid by the Scheme:** Amount paid for the relevant medical treatment/services from benefits.
- 11 **Annual benefit:** This shows the annual day-to-day benefit limit. This field will only be populated once a claim has been processed from the day-to-day benefit.
- 12 **Less: Claims paid per year to date:** This reflects the amount paid for benefits or treatment that are usually received out of hospital and may include visits to a general practitioner; specialist consultations and over-the-counter medication.
- 13 **Day-to-day benefit available:** This reflects the amount still available in the day-to-day benefit.
- 14 **Message:** Important ad hoc information that is communicated to members.

**DETAILED CLAIMS STATEMENT**

1 Option:

2 Date: 1 March 2017

3 MR AB SAMPLE  
Member Number: 0000

Page 1 of 1

Details of your claims transactions				Benefit information Amount paid from					Payment information			
4 Date of service	5 Patient	6 Tariff	7 Amount claimed	8 Major medical	9 Other limits	10 Chronic medicine benefit	11 Day-to-day limit	12 HealthSaver	13 Amount paid to supplier	14 Amount paid to member	15 Member paid/owes supplier	16 Pay code (see**)
MEDIRITE PHARMACY (Practice no 275050)												
2017/01/15	Sample A	Slfmed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	136
2017/01/15	Sample B	Slfmed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	136
2017/01/15	Sample C	Slfmed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	136
Totals				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Totals				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

DISCLAIMER: All balances are correct as at the time of printing this statement.

Note that money will be paid into members' bank accounts within +/- five working days of the claims payment run date.

18 **Pay code	Explanation
136	Medication short paid due to medicine management.

## DETAILED CLAIMS STATEMENT

- 1 **Option:** Name of the benefit option.
- 2 **Date:** Indicates the date of the statement.
- 3 **Member number:** Indicates your membership number.
- 4 **Date of service:** The date on which the patient received medical treatment/services.
- 5 **Patient:** Beneficiary who received medical treatment/services.
- 6 **Tariff:** The tariff code used to identify the type of medical treatment/services.
- 7 **Amount claimed:** The amount charged for the medical treatment/services.
- 8 **Major medical:** Benefit paid from the insured benefit (approved admissions, care plan services and prescribed minimum benefits).
- 9 **Other limits:** Services paid from individual limits, other than a major medical condition (dental, optical, etc.).
- 10 **Chronic medicine benefit:** This amount is paid for medication approved for the member's chronic condition.
- 11 **Day-to-day limit:** These are the benefits or treatments that are usually received out of hospital and may include visits to a general practitioner; specialist consultations and over-the-counter medication.
- 12 **HealthSaver:** These are the benefits or treatments that are usually received out of hospital and may include visits to a general practitioner; specialist consultations and over-the-counter medication. This is applicable to the Private Network members.
- 13 **Amount paid to supplier:** This is the amount paid by Transmed Medical Fund on behalf of the member to the provider who provided the medical treatment/services.
- 14 **Amount paid to member:** This is the amount payable to the member by Transmed Medical Fund for medical treatment/services that the member has paid for and is claiming back from the Fund.
- 15 **Member paid/owes supplier:** This is the amount that the member is liable to settle with the service provider.
- 16 **Pay code (see\*\*):** This column will contain a code related to the claim being rejected or only partly paid.
- 17 **Totals:** Amount paid for the relevant medical treatment/services.
- 18 **\*\*Pay code explanation:** The description for the code reflected in the Pay code (see\*\*) column, as an explanation for the rejection or part payment made by the Transmed Medical Fund.

**DETAILED CLAIMS STATEMENT**

1 Option:

2

Date: 1 March 2017

3

MRAB SAMPLE

Member Number: 0000

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Details of your claims transactions			Benefit information Amount paid from				Payment information					
4	5	6	7	8	9	10	11	12	13	14	15	16
Date of service	Patient	Tariff	Amount claimed	Major medical	Other limits	Chronic medicine benefit	Day-to-day limit	HealthSaver	Amount paid to supplier	Amount paid to member	Member paid/owes supplier	Pay code (see**)
MEDIRITE PHARMACY (Practice no 275050)												
2017/01/15	Sample A	Sifmed		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	136
2017/01/15	Sample B	Sifmed		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	136
2017/01/15	Sample C	Sifmed		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	136
Totals				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Totals				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

17 **DISCLAIMER:**All balances are correct as at the time of printing this statement.

Note that money will be paid into members' bank accounts within +/- five working days of the claims payment run date.

18

**Pay code	Explanation
136	Medication short paid due to medicine management.