



UNITYHEALTH

MEMBER REIMBURSEMENT FORM

Complete the details in full and attach the following documentation:

- Stamped Bank Verification Letter
- Copy of principle member Identity Document
- Copy of the proof of payment i.e receipt
- Original or copy of the claim received from the provider (statement of account).

Kindly note, reimbursements can only be paid into the principal insured's bank account by electronic fund transfer NO credit card accounts will be accepted by Unity Health.

MEMBER DETAILS:

Member Name:							
Member No.							
Group Name:							
Group Code:							
Work No.:				Cell No:			
Fax No.:				E-Mail:			

MEMBER BANKING DETAILS:

**Attach a cancelled cheque or bank verification letter.*

Account Holders Name:			Bank Name:		
Account Number:			Branch Name:		
Account Type:	Current	Transmission	Savings	Branch Code:	

Unity Health will not be liable for the loss of funds due to the provision of incorrect banking details supplied by the member.

Signature Principal Member

Printed Name of Principal Member

Date

Please return to Unity Health:

Unity Health

PO Box 1862, Cramer view, 2060

Tel Number 0861366006, Fax Number (011) 706 5568

E-mail Address: claims@unityhealth.co.za