

Membership Number / Expiry Date

In accordance with the Health International Terms & Conditions, as stated in the Membership Guide Section 10, any Member visiting a medical facility for the purpose of EMERGENCY treatment is required to do the following:-

- A. **NOTIFY THE REGIONAL OFFICE WITHIN 72 HOURS OF THE EVENT** (by telephone / email / text / visit).
- B. **COMPLETE THIS EMERGENCY CLAIM FORM AND SUBMIT TO THE CLAIMS DEPARTMENT** (see details below).
- C. **MEMBERS ARE REMINDED THAT SHOULD THIS CASUALTY VISIT BE A NON-EMERGENCY / OUT-PATIENT CLAIM, IT MAY BE DECLINED. IF YOU ARE UNSURE, KINDLY CALL THE CLAIMS DEPARTMENT ON THE FOLLOWING NUMBER: +263 (0) 782 444 555**

Failure to comply with the above will lead to repudiation of the claim.

MEMBERS INFORMATION: (As Per Your Health International Membership Card)

Name of Principal Member:

Contact Telephone No: Mobile:

Full Name of Patient:

Patient Date of Birth: / /

Membership No: Membership Expiry Date:

COMPLETION OF THIS SECTION IS COMPULSORY:

REASON FOR EMERGENCY VISIT: Please Tick The Applicable Box ACCIDENT ILLNESS

DATE OF EMERGENCY: **TIME OF EMERGENCY:**

FULL DESCRIPTION OF THE EMERGENCY:

Name of Emergency Facility:

Name of Treating Doctor or Specialist:

(PLEASE INCLUDE CONTACT DETAILS IF AVAILABLE)

INVESTIGATIONS RELATED TO THE EMERGENCY:

RADIOLOGY (X-RAY / MRI SCAN / C.T. SCAN ETC.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PATHOLOGY (BLOODS / SPECIMEN URINE / STOOL ETC.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Member's Signature _____ Date (DD / MM / YY) _____ Place: _____

I understand that Health International will collect and process my personal data as per Clause 9.10 of the Terms and Conditions.



STRATTON AGENCIES (PVT) LTD
t/a TRILOGY BENEFITS GROUP,
REGIONAL HEAD OFFICE,
HARARE, ZIMBABWE
Registration No. 827/1982
No. 23 Kenilworth Road,
Newlands, HARARE, Zimbabwe
P O Box BW 269, Borrowdale,
Harare, Zimbabwe
Tel: +263 (0) 86 7700 8964
+263 (0) 772 443 902 / +263 (0) 772 443 909
Email: claims@healthintergrp.com
Claims Whatsapp: +263 (0) 783 822 390 (Bus Hrs ONLY)

**EXPACARE INSURANCE
COMPANY (MAURITIUS) LIMITED,**
PORT LOUIS, MAURITIUS
Registration No. 23670/5472
Suite Suite 335, 3rd Floor, Barkly Wharf,
Caudan Waterfront,
Port Louis 11306, Mauritius
Tel: +230 (0) 214 1841
compliance@expacareinsurance.com

