

MEDICAL AID STATEMENT (CTH)

This shows your previous claim transactions.

Date: 2022/04/25 Time: 15:38:10

Report details

Member name: xxxxxxxxxx		Date of entry: 2012/01/01	Service date from: 2022/02/25
Employer name: xxxxxxxxxx	Membership no: xxxxxxxxxx	Date of withdrawal: 0000/00/00	Service date to: 2022/04/25

Year	Annual Threshold	Pro rata Threshold	Annual Medical Savings Account	Pro rata Medical Savings Account
2021				
2022				

Patient information	Treatment date	Process date	Claims reference	Amount claimed	Medical Aid Rate	Cumulative expenses		Claims paid from			Claims paid to		Claims not paid		RC
						2021	2022	MSA*	Medical Scheme	MSA balance	Member	Service provider	Your portion	Portion not payable***	
Patient 1 - Service Provider #11	2022/04/13	2022/04/25 2022/04/21	9UY2Sd	-1250.00	-250.00	0.00	xxx.xx	0.00	250.00	0.00	0.00	0.00	-1000.00	0.00	36
				1250.00	250.00	0.00	xxx.xx	0.00	250.00	0.00	0.00	250.00	1000.00	0.00	276

Reason Code (RC) descriptions

Reason Code (RC)	Reason Code description
36	This is an adjustment of a claim that we have processed before.
276	We have not paid for the amount claimed as the member has run out of funds in the Medical Savings and has not yet reached the Annual Threshold. The member is responsible to pay the outstanding amount.

Current Medical Savings Account balance: R
Expenses for this year: R

Disclaimer

[Medical scheme disclaimer].