

Gap Cover Claims

Identifying your type of Gap Cover claim

Please first establish whether you are a Universal Gap Cover or an Essential Gap Cover policyholder.
Please then use the list of benefits covered under each of the policy options below to identify your type of claim.

Gap Cover	Yes	No	Claim type	Section/s of claim form to be completed
Do you have a shortfall on your in-hospital doctors and specialists' charges?			Medical practitioner cost shortfall	A
Do you have a shortfall on your doctors and specialists' charges relating to an out-of-hospital procedure as listed in the Gap policy document?			Medical practitioner cost shortfall	A
Have you been charged a condition specific or a hospital admission co-payment by your medical aid?			Co-payment /deductible	A
Have you been charged a co-payment by your medical aid for using a non-network hospital or specialist?			Co-payment /deductible	A
Have you been charged a co-payment by your medical aid for exceeding your cancer treatment limit?			Oncology treatment 20% co-payment	E
Do you have a shortfall on emergency room treatment charges following an accident?			Casualty ward shortfall	A
Have you experienced a shortfall arising from reconstructive breast surgery of the non-affected breast?			Non-affected breast reconstruction benefit	F
Do you have a shortfall on the cost of internal prosthesis such as an artificial joint?			Internal prosthesis shortfall	A
Have you been diagnosed with stage 2 cancer for the first time?			Lump sum benefit for first time cancer	D
Have you experienced an accidental tooth fracture as a result of an external blow to the mouth?			Accident tooth fracture benefit	B
Are you claiming for one of the emergency, accidental or specialised dentistry treatments covered by the Extended Dentistry Policy benefits?			Dental Extender benefit	C
Are you claiming for the Extended Cancer Policy benefit following a first time cancer diagnosis?			Cancer Extender benefit	D
Are you claiming for trauma counselling due to an act of violence or a traumatic accident?			Please request a special claim form from Zestlife	
Are you claiming for accidental death or accidental permanent disability?			Please request a special claim form from Zestlife	
Are you claiming for the medical aid and gap cover premium waiver benefit, following the death or permanent disability of the policyholder?			Please request a special claim form from Zestlife	

Supporting documents for your claim

Each claim type requires you to complete the relevant section in the claim form and to provide certain documents to support your claim. **A failure to submit these supporting documents is the most common cause for delays in processing claims.** Please check the relevant section(s) below to identify all of the documents that you need to submit with your claim form.

For medical practitioner cost shortfalls, co-payments or deductibles, internal prosthesis shortfall or casualty ward claims, complete Section A of the claim form and submit along with:

1. Detailed medical aid statement/s reflecting the medical aid's partial payment to medical practitioner/s and any co-payments or deductibles for which the claim is being made.
2. Medical aid pre-authorisation letter reflecting co-payments or deductibles.
3. Medical practitioner accounts (e.g. doctor, specialists, surgeon, anaesthetist, etc.).
4. First 4 pages of the hospital account and if the claim is for internal prosthesis then include any additional pages that show these internal prosthesis costs). If a casualty ward/emergency room claim, a copy of the casualty ward account is required.
5. Proof that co-payment or deductibles have been paid (receipt or credit card slip).

For the accidental tooth fracture claims, complete Section B of the claim form and submit along with:

1. Dentist motivation of accidental injury and invoice reflecting damaged tooth number.
2. If the patient is not the policyholder, a medical aid membership schedule reflecting that the patient is a dependant of the policyholder; or the detailed medical aid statement reflecting payment by the medical aid to the treating medical practitioner.

For the Dental Extender benefit claims, complete Section C of the claim form and submit along with:

1. Dentist quote or invoice for the procedure.
2. Dentist X-ray for tooth.
3. If the patient is not the policyholder, a medical aid membership schedule reflecting that the patient is a dependant of the policyholder.
4. If a periodontitis claim, a copy of the periodontitis treatment plan.

For the lump sum benefit for first time cancer diagnosis and the Cancer Extender benefit claims, complete Section D of the claim form and submit along with:

1. Completed medical practitioner report as contained in the claim form.
2. Histology reports and test results.
3. Proof that the patient is registered on the medical scheme's oncology plan.
4. If the patient is not the policyholder, medical aid membership schedule reflecting that the patient is a dependant of the policyholder.

For oncology treatment programme co-payment claims, complete Section E of claim form and submit along with:

1. The related treatment plan.
2. Detailed medical aid statement/s reflecting the medical aid's part payment in respect of the medical practitioners' shortfalls for which the claim is being submitted.
3. Medical practitioner accounts (i.e. doctor, specialists, anaesthetist, etc.).

For the non-affected breast reconstruction benefit claims, complete Section F of the claim form and submit along with:

1. Breast cancer medical reports as well as copies of any relevant test results.
2. Proof of the single mastectomy of the affected breast due to cancer – a copy of the histopathology report.
3. Medical aid pre-authorisation letter.
4. Detailed medical aid statement reflecting payment to all medical practitioners for which the shortfall is being claimed and or any co-payments or deductibles charged.
5. Medical practitioner accounts (i.e. doctor, specialists, anaesthetist, etc.).
6. Hospital account (full account).

Where to obtain the documents needed

Medical aid statement	Phone your medical aid and ask them to email you the detailed statement for the relevant medical practitioners you want to claim for, and for the hospital if you are claiming for a co-payment/deductible.
Medical aid pre-authorisation letter	The medical aid would have emailed this to you when you got authorisation for the hospital procedure. If you can't find it in your email box, then phone the medical aid and ask them to email it to you again.
Hospital account	Phone the hospital and ask for their accounts department and they will email the hospital account to you.
Medical aid membership schedule	Phone your medical aid and ask them to email you the membership schedule reflecting the names of your dependants on your medical aid and the date they were added as dependants on your medical aid.
Doctors, specialists, anaesthetists accounts	Phone the doctor, specialist and anaesthetist and ask for their accounts department and they will email the account to you.
Histology reports and test results	Phone the doctors or specialists that requested these tests and they will email the test results to you.
Proof of oncology treatment plan	The medical aid would have emailed this to you when they confirmed that you are registered on their treatment program. If you can't find this in your email box, then phone the medical aid and ask them to email it to you again.

To avoid submitting an invalid claim, please note that your Gap Policy does not cover:

- Normal day-to-day doctor and specialist consultations.
- Shortfalls for hospital accounts, medications and materials used in hospital.
- Treatment costs that are not covered at least in part by your medical aid.
- Treatment cost shortfalls that arise in the first 12 months from medical conditions that already existed in the 12 months prior to the commencement date of your Gap Cover policy.
- Pregnancy or birth-related shortfalls that arise in the first 12 months from the commencement date of your Gap Cover policy.
- Claims that are not submitted within 6 months from the procedure or treatment date.

We will do our best to process your claim promptly

- Please note that Zestlife can't start with the assessment of a claim until we have received a fully completed claim form and all the relevant listed documentation.
- Zestlife will confirm receipt of the claim by sms and an email within 2 to 3 working days of receiving it.
- If there is outstanding documentation, then your claim will be pended and you will receive a sms and email informing you that the claim cannot be assessed due to outstanding information. The email will provide details of the outstanding documentation required.
- If there is no outstanding documentation, then the claim will be captured and assessed by an assessor.
- The claim will then be reviewed by a reviewer. The outcome will be acceptance or rejection of the claim. You will receive a sms and email informing you of the outcome of the review.
- If the claim is valid and accepted, payment will be submitted to the bank. You will receive a sms and email once the payment has been accepted by the bank and you will receive a claim statement.



Cover you can trust.
People you can depend on.

Contact details

How to obtain a claim form:

You can download the claim form from the Zestlife website at: <https://www.zestlife.co.za/gap-cover/>
Email: info@zestlife.co.za or telephone: 021 180 4220 / 0860 009 378

How to submit a claim form:

Send via email to: info@zestlife.co.za or fax to: 021 001 0248

Claims queries:

Telephone: 021 180 4220 / 0860 009 378 or email: info@zestlife.co.za

Complaint details:

If you are unhappy with the Zestlife service or the outcome of your claim, you can lodge a formal complaint with the Zestlife Compliance Officer by sending an email to chris@zestlife.co.za. The complaints department will investigate your complaint and send you a reply within 5 working days.