

health CARD

A division of Dial Contact Centre (Pty) Ltd
Registration no: 2004/003709/07
VAT no: 4850214976

Boskruijn Office Park
President Fouche Drive
Boskruijn
P.O. Box 1555, Fontainebleau,
2032
Tel: 011 796 6464
Fax: 086 691 3665

REFUND REQUEST

SUBMISSION DETAILS:	FAX: 086 691 3665 / 011 801 2082	EMAIL: info@healthcard.co.za
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MEMBER NAME:		DATE REQUESTED:	
HEALTHCARD / ID NUMBER		AMOUNT TO BE REFUNDED:	R
REASON FOR REFUND			

Principle Account Holder's banking details for refund amount transfer:

BANK NAME:		BRANCH NAME:	
ACCOUNT TYPE:		BRANCH CODE:	
NAME OF ACCOUNT HOLDER:		ACCOUNT NUMBER:	

Terms & conditions:

A copy of the medical service provider's bill must be submitted along with the completed refund request from as well as the relevant corresponding proof of payment(s) (in cases where the member must be refunded directly).

Refunds are processed at our discretion (Terms & conditions of use signed by you still apply).

Refund processing commences during the middle of the month and the end of each month. The process, from commencement date takes 5 to 7 working days to complete.

ACCOUNT HOLDER SIGNATURE:	
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