CLAIM APPEAL REQUEST FORM

medgapcomplaints@guardrisk.co.za **0860 102 936**

Claim Appeal Process

Should you wish to appeal a Medgap claim decision by Guardrisk Insurance Company Limited, please follow the below procedure:

1. A completed and signed claim appeal request form and supporting documentation is to be e-mailed to **medgapcomplaints@guardrisk.co.za**. Please ensure that your claim number and review application is referenced in your submission.
2. During our review of your claim appeal request we may request additional documentation from you. Please submit this as soon as possible to avoid delays in the finalisation of your appeal request and to assist us in making an accurate and fair decision in this respect.
3. A final decision will be communicated to you within 15 working days of receipt of all required documentation.

PRINCIPAL INSURED'S DETAILS

Surname		First name	
Policy No.		Mobile No.	
E-mail address			
Name of Staff member that assisted you			

CLAIM/S WHICH YOU ARE APPEALING

Claim ref. number		Claim ref. number	

REASON FOR APPEAL REQUEST *(please tick the relevant box applicable to your application)*

Amount paid is less than amount claimed ☐ Claim rejected due to late submission ☐ Shortfall in internal prosthesis not paid ☐

Validity/disputing of claim rejection ☐ Other ☐

Please provide details surrounding your claim appeal submission, as well as your reason for appeal. Supporting information / documentation can include the dates relating to your claim, all correspondence and names of people involved during your claims process including times and times of telephone calls / e-mail correspondence as well as any information regarding the circumstances of your claim which may have resulted in a rejected claim decision.

Where rejection is due to late submission of your claim, please provide further information regarding your reasons for such late submission.

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Signature of Policyholder/Claimant Date

Internal Office Reference: _____