



GLICO HEALTHPLAN INDIVIDUAL CLAIM FORM

GLICO HEALTHCARE LIMITED, GLICO HOUSE NO.47 KWAME NKRUMAH AVENUE, ADABRAKA
P.O.B ox 4251, Accra – North. Tel: 0302 246147 / 020 222 2126 / 020 020 3967

This form is to be fully completed and signed only by the subscribing member. Please forward your claim via your Human Resource / Admin. Department. Do not send directly to Glico Health Care.

A reimbursable claim is one that is accompanied by all the supporting documents, and resulted from treatment that is covered on your policy but was obtained either in a true medical emergency situation or upon the referral of your primary provider. A copy of the referral note will be required.

A. MEMBERSHIP DETAILS

- 1. Name of Enrollee
(Please use block letters)
- 2. Employer/Organisation.....
- 3. Policy No. Selected GLICO HealthPlan Provider.....

B. TREATMENT DETAILS

- 4. Name of Clinic where treatment was received.....
- 5. Please give reasons for not seeking treatment from your selected GLICO HealthPlan Primary Provider
 - a) Emergency No Yes Please give details on nature of emergency
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 - b) Referral by Primary Provider No Yes Please attach referral note

*If you answered Yes to Question 5(a) or 5(b) please complete the rest of this form.
If you answered No to Question 5(a) or 5(b) your claim is not a reimbursable claim. However, should you have additional information that you believe will qualify your claim for reimbursement please complete the remainder of the form, attach all supporting documents and provide as much detail as possible.*

C. BILLING DETAILS

	Type of Test or Service	Amount Paid	Payment Modes
i) <u>GP Consultation</u>	1. Bank Transfer
Lab & X-ray	Account Name
Drugs	Account Number
ii) <u>Specialist Cons.</u>	Bank Name
Lab & X-ray	Branch
Drugs	2. Mobile Money
iii) Dental	(MTN, Airtel, Tigo)
iv) Optical	State cell number
v) Hospital	
Accommodation	
Other (specify)	

Total Amount being claimed **GH¢** _____

To the best of my knowledge this information is true and correct

PAYEE'S NAME..... **Signature**..... **Date**.....

TEL NUMBER/CELL PHONE NO..... **Email**

