

# MEDICAL CLAIM FORM



**HEAD OFFICE:** Parkfield Place, Muthangari Drive, Off Waiyaki Way, Westlands,  
P O Box 4469 – 00100, Nairobi, Kenya | Tel No: +254 20 2894 000, +254 20 3874 774  
**Pre-Authorization Tel:** +254 20 2894 222, +254 720 756 000, +254 734 828 812  
Fax: +254 20 2894 210 | Email: care@resolution.co.ke

Claim Ref. No.

1. Patient Must Complete Section A and B
2. The Attending Doctor Must Complete Section C
3. Claims Should Be Submitted Within 30 Days

## A. PERSONAL DETAILS

Name of Patient First Name Middle Name Surname

Patient's Member Number Code Number D.O.B D D M M Y Y Y Y

Patient/Guardian Telephone No. First Name Middle Name Surname

Name of Principal Member

Relationship to Principal Member

Principal Member's Employer

## B. DETAILS OF ILLNESS

Date of first onset of symptoms/illness D D M M Y Y Y Y

Date of first consultation with doctor D D M M Y Y Y Y

## DECLARATION

I hereby declare the above statements to be true and complete. I also consent to Resolution Insurance Company Limited seeking further information from any medical institution or doctor whom my dependants or I have consulted.

Date:    /    /    Signed \_\_\_\_\_ (Member/Guardian)

## C. NATURE OF ILLNESS/ ACCIDENT

Diagnosis \_\_\_\_\_

In your opinion what is the cause of this illness \_\_\_\_\_

In your opinion is this illness chronic or recurring \_\_\_\_\_

For pregnancy related conditions, please indicate the estimate date of delivery (EDD) and the date of the patient's last menstrual period (LMP).

E.D.D \_\_\_\_\_ L.M.P \_\_\_\_\_

Consultant referred to \_\_\_\_\_ Specialty \_\_\_\_\_

Attending Doctor \_\_\_\_\_ Qualifications \_\_\_\_\_

Signature and Stamp \_\_\_\_\_ Date    /    /   

## D. DETAILS OF THE EXPENSES

Please attach all receipts/invoices, copies of prescriptions/drugs statements and copies of lab/x-ray requests relating to this claim list below:

Nature of claim: Outpatient  Inpatient  Other

ITEM	COST - Kshs	Cts	REF./BILLS/RCT. Nos
CONSULTATION			
DRUGS			
LAB/X-RAY/OTHER DIAGNOSTIC SERVICES			
AUXILIARY SERVICES: DENTAL/OPTICAL ETC			
HOSPITALIZATION (NET NHIF)			
<b>TOTAL</b>			

NB: In case of scheduled surgery/hospitalization or MRI, please fill the Preauthorization form

**My Health, My Life, My Resolution**

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## EXCLUSIONS

1. All expenses associated with Dental services and Optical services unless covered under the plan or purchased separately.
2. All expenses associated with Pre-existing\*, Congenital illnesses\*\*, Psychiatric disorders, HIV /AIDS and related conditions unless where covered under the plan.
3. Cancer diagnosed before or within your selected plan's waiting period.
4. Compensation for pain and suffering; loss of income; funeral expenses or claims for damages; expenditure incurred by a member or dependants arising from any illegal or criminal act.
5. Expenses arising from injuries sustained as a result of participation in and not limited to professional sport or hazardous pursuits such as motor racing, skydiving, parachute jumping and bungee jumping.
6. Operations, treatments and/or procedures of own choice for purely cosmetic purposes, eating disorders, obesity and related illnesses, and any complications that may arise thereof.
7. Expenses incurred from recuperative or convalescent holidays.
8. All expenses in respect of illness or conditions that were subject to waiting periods when the member joined the Scheme and where the diagnosis for such illness occurred during the waiting period.
9. Purchase of:
  - 9.1. Applicators, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations;
  - 9.2. Patented foods and nutritional supplements including baby foods;
  - 9.3. Contraceptive preparations, remedies and devices;
  - 9.4. Tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity;
  - 9.5. Sunscreen and sun tanning lotions, emollients, soaps and shampoos (medicinal or otherwise);
  - 9.6. Household and biochemical remedies which are not promoted by the medical profession;
  - 9.7. Cosmetic products (medicinal or otherwise); anti-habit forming products; vitamins and multi-vitamins (unless prescribed for documented deficiency);
  - 9.8. Remedies for body building purposes;
  - 9.9. Aphrodisiacs;
  - 9.10. Patent medicines and proprietary preparations; household bandages, cotton wool, dressings and similar aids.
  - 9.11. External prosthesis.
  - 9.12. Crutches and standard wheelchairs, unless under rehabilitation cover.
  - 9.13. Monitoring and assistive devices including Blood Pressure machines, glucometers and thermometers.
10. Investigation and treatment for infertility and impotence.
11. Vaccinations and/or immunizations and other preventive treatments with the exemption of KEPI.
12. Services arising from an accident or event of which the member or dependants has received, or is likely to receive, compensation from any source whatsoever including NHIF and employer liability insurance.
13. Any treatment relating to an accident/illness which occurred while the member was intoxicated or was under the influence of alcohol or drugs (unless prescribed and taken according to the instructions of a medical practitioner).
14. Dialysis of any kind (except for acute renal failure).
15. All expenses associated with sickle cell disease, connective tissue diseases, auto immune diseases, muscular dystrophies, Systemic lupus erythematosus, Alzheimer's disease and autism.
16. Treatment or services rendered in respect of dependence producing substances and their complications.
17. Exercising and/or guidance programmes inclusive of antenatal exercises, special diets and weight control.
18. Kilometers charges and traveling expenses with the exception of ambulance services as per plan benefits.
19. Gold or other precious metal inlays in dentures.
20. Hormonal Replacement Therapy.
21. Examinations or check-ups such as general health examinations not related to diagnosis of sickness or accidental bodily injury unless explicitly agreed in writing by Resolution Insurance Company Limited.
22. Accommodation in convalescent or old age homes or similar institutions catering for the aged.
23. Costs associated with Vocational Guidance, Child Guidance, and Marriage Guidance.
24. Cost of alternative therapy including chiropractic, acupuncture, herbal treatment and any complication arising as a result thereof.
25. Laser treatment
26. Illness, injury or disablement directly or indirectly caused by or contributed to by:
  - 26.1. Active participation in Civil war, riots, rebellion, revolution, insurrection or political activity.
  - 26.2. Any declared or undeclared war, invasion, act of foreign enemy, hostilities or war like operations.
  - 26.3. Nuclear fusion, ionizing or non-ionizing radiation.
  - 26.4. Operating, learning to operate or serving as a Member of a crew of any aircraft being used for sky-diving, racing, testing or exploration.
  - 26.5. Participation in Naval, Military, Air Force, Paramilitary, Police or Police Reserve service or operations.
  - 26.6. Attempted suicide or self-injury deemed deliberate by Resolution Insurance Company Limited.
  - 26.7. The willful non-compliance on the part of the member with Resolution Insurance Company Limited's appointed doctors prescribed treatment.
27. Allergy tests.
28. Costs incurred by a member at a Medical Service Provider not approved by Resolution Insurance Company Limited.

\* A Pre-existing condition refers to a medical condition (whether declared or not) of which a member was aware, or in the company's opinion, ought to have known existed prior to becoming member.

Please note that cover for Pre-existing conditions is subject to medical underwriting and that not all pre-existing conditions will be covered.

\*\* A congenital condition is a genetic, physical or (bio) chemical defect, disease or malformation which may be either hereditary/familial or due to an influence during intra uterine development of the foetus and which may or may not be obvious at birth.