Universal House, 15 Tambach Road, Sunninghill Park, Sandton
Private Bag X47, Rivonia 2128 | **Tel:** 011 208 1000 | **Fax:** 011 208 1028 | membership@universal.co.za

MEMBER REFUND FORM

Please complete this form when you had to pay for medical services and require a refund.
Attach the following documentation to the member refund form:

1. **Detailed account** from your Service Provider and a **Receipt**
2. Pharmacy claim: a **script Printout**, and **a Proof of Payment**

Email: **Makoti.Clientservices@foxbpo.co.za**

REFUND DETAILS

DATE COMPLETED: D D M M Y Y Y Y MEMBER SURNAME:

IDENTITY NUMBER: MEDICAL AID NO:

TELEPHONE NUMBERS: (WORK) (CELL)

PATIENT NAME: DATE OF BIRTH: D D M M Y Y Y Y

PRACTICE NO: NAME OF SERVICE PROVIDER:

DATE OF SERVICE: D D M M Y Y Y Y

REASON FOR REFUND:

AMOUNT CHARGED: AMOUNT PAID:

MEMBER BANKING DETAILS

ACCOUNT NAME: BRANCH CODE:

BANK: BRANCH:

ACCOUNT NO:

MEMBER SIGNATURE

DATE: D D M M Y Y Y Y