

ClaimSmart

POPIA & Medical Information Consent

Knysna, Western Cape | +27 65 143 9040 | info@claim-smart.co.za | claim-smart.co.za

This consent allows ClaimSmart to use the personal and health information reasonably necessary to assist with your medical aid matter and to communicate with relevant parties on your behalf.

1. Client details

Full name & surname	ID / Passport number
Medical aid scheme	Membership number
Mobile number	Email address

2. Your authorisation

I authorise ClaimSmart, including its authorised representatives Karen Groesbeek and/or Charlene Connor Zeeman, to assist with my medical aid queries, claims, benefits, authorisations and related matters.

Where reasonably necessary for the service I request, ClaimSmart may communicate with and receive relevant information from my medical scheme or administrator, healthcare providers, pharmacies, hospitals, GAP Cover provider and other parties directly involved in my matter.

3. Information ClaimSmart may process

I consent to ClaimSmart collecting, receiving, accessing, using, storing and sharing the personal and health information reasonably necessary to provide the requested service. This may include medical reports, prescriptions, claims, authorisations, treatment information, accounts, statements, rejection or payment information and related correspondence.

ClaimSmart should only request or use information that is reasonably necessary for the matter being handled.

4. Why the information is used

- To assess, prepare, submit, query, track or resubmit claims and applications.
- To assist with benefits, chronic medication, PMB, oncology, special benefits, extended medicine supply and other authorisation matters.
- To communicate and follow up with me and relevant third parties.
- To maintain appropriate business, service and compliance records.

5. Privacy, confidentiality and security

ClaimSmart will treat my information as confidential and take reasonable technical and organisational steps to protect it against loss, misuse, unauthorised access or disclosure. Relevant information may be shared only where reasonably necessary for the requested service, where I have authorised it, or where permitted or required by law.

6. My choices and rights

I understand that this consent is voluntary. I may ask ClaimSmart to correct my information or withdraw this consent by written notice. Withdrawal will not affect processing already lawfully carried out and may prevent ClaimSmart from continuing a service where the information is necessary to perform it.

I understand that I may ask how my personal information is being handled and may raise a privacy complaint with ClaimSmart or the Information Regulator.

7. No guarantee of outcome

This consent allows ClaimSmart to assist me. It does not guarantee that a medical scheme, GAP Cover provider or other third party will approve or pay a claim, benefit, medicine, procedure or authorisation.

8. Consent and signature

By signing below, I confirm that I have read and understood this consent, that I voluntarily authorise the processing described above, and that the information I provide is accurate to the best of my knowledge.

☐ I consent to ClaimSmart processing the personal and health information reasonably necessary for my requested service.

Client full name	Signature	Date

ClaimSmart use only

Client reference	Date consent received
Received by	Method of consent

This consent should be read together with the ClaimSmart Service Agreement and ClaimSmart Privacy Notice.