Generation Health
2nd Floor, Zimnat House
Nelson Mandela Ave./ 3rd Street
P O Box 10130
HARARE, ZIMBABWE
Email: casemgr@sovhealth.co.zw

GENERATION Health MEDICAL FUND

Administered by
Sovereign Health (Pvt) Ltd.
Tel: (263 4), 793476, 793389
(263 4) 797843, 793498
Fax: (263 4) 790700
Toll Free Number: 0800 322 2223

MEMBER NOTIFICATION FORM

To be used for notification of Insured Benefits. Benefits requiring notification are hospitalisation, day surgery, MRI scans, CT scans, Bone Densitometry scans, and maternity.

(CONFIDENTIAL)

MEMBER DETAILS

Title: Mr Mrs Miss Ms Membership number: _____

Surname:	First Name(s):

PATIENT DETAILS

Surname:	First Name(s):
Date of birth:	Membership Number & Suffix:

TYPE OF NOTIFICATION (Please complete the appropriate section)

1 HOSPITALISATION (INCLUDING DAY SURGERY)

√ To be notified before admission or within 2 days of admission.

Admitting Hospital	Date of admission	Attending Doctor	Diagnosis/Nature of illness	Expected duration of stay	Comments

2 MATERNITY NOTIFICATION

√ Please notify on confirmation of pregnancy.
√ Separate notification for admission to deliver.

Attending General Practitioner or Specialist	Referring Doctor (if being attended to by a Specialist)	Expected Date of delivery	Maternity Scans done by	Comments

3 MRI SCAN, CT SCAN, OR BONE DENSITOMETRY SCAN

√ Notification required before scanning.

Scanning Facility/ Radiologist	Date of scan	Referring Doctor	Diagnosis/Nature of illness	Comments

4 EMERGENCY ROOMS VISIT

√ Notify within 2 days of visit.
√ Award from insured benefits subject to Fund's approval.
√ Non-emergencies paid for from Medical Savings Account.

Emergency Rooms Visited	Date of treatment	Attending Doctor	Diagnosis/Nature of illness	Comments

FOR SOVEREIGN USE ONLY

DATE RECEIVED:	ACTIONED BY:
NOTIFICATION NUMBER:	COMMENTS: