

**NAVRAAG I/S ONBETAALDE MEDIESE/APTEEK REKENING — INQUIRY RE UNPAID MEDICAL/CHEMIST ACCOUNT**

Gebruik hierdie vorm volgens die instruksies op die keersy.

Eisnommer — Claim Number

Use this form in accordance with the instructions on the reverse side.

Bedrag uitstaande  
Amount outstanding .....

Rekening No.  
Account Number .....

Datum wanneer dienste gelewer is  
Date of service rendered .....

Aard van beserings  
Nature of injury .....

Datum van ongeval  
Date of accident .....

Naam van verwysende geneesheer  
Name of referring doctor .....

Naam van werkgewer  
Name of employer .....

Volledige adres  
Full address .....

Familienaam van werknemer  
Surname of employee .....

Voorname  
First names .....

Woonadres  
Residential address .....

N.I. Nr. en/of Mpy. Nr.  
N.I. No. and/or Col. No. ....

*VOLLEDIGE naam en adres van afsender en poskode*  
*FULL name and address of sender and postal code*



*Handtekening/Signature*

*Datum/Date* .....

ANTWOORD (SLEGS VIR AMPTELIKE GEBRUIK):		REPLY (FOR OFFICIAL USE ONLY):
Betaling van die rekening is op ..... goedgekeur.	1	Payment of the account was approved on .....
Betaling van u rekening word teruggehou in afwagting op .....	2	Payment of your account is withheld pending the receipt of .....
Die beweerde ongeval word nog ondersoek en indien aanspreeklikheid kragtens die Wet aanvaar word, sal betaling van u rekening oorweeg word.	3	The alleged accident is being investigated and should liability be accepted payment of your account will be considered.
Die rekening kan nie in hierdie kantoor opgespoor word nie. Geliewe 'n duplikaat gespesifiseerde rekening in te dien met vermelding van bostaande eisnommer. Afskrifte van u eerste en finale mediese verslag(e) en/of X-straalverslag(e), word ook benodig.	4	Your account cannot be traced in this office. Kindly submit a duplicate specified account quoting the above claim number. Copy/copies of your first and final medical report(s) and/or X-ray report(s) is/are also required.
Die werknemer se eis teen die Vergoedingsfonds is afgekeur en u rekening kan nie betaal word nie.	5	The employee's claim against the Compensation Fund was repudiated and your account cannot be paid.

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Ingeval van verdere korrespondensie moet my verwysingsnommer hierbo, asseblief aangedui word.  
In case of further correspondence please quote my above reference number.

## INSTRUKSIES

1. 'n Aparte vorm, in tweevoud ingevul, moet ingedien word ten opsigte van elke individuele rekening wat twee maande of langer uitstaande is tesame met 'n gespesifiseerde rekening.
2. Hierdie vorm moet gebruik word deur geneeshere, radioloë, fisioterapeute, tandartse, hospitale, verpleeginrigtings, ensovoorts vir mediese dienste onder die Vergoedingswet, 1993 verleen.
3. Geneeshere of hospitale wie die werknemer vir die eerste keer vir 'n besering behandel het, moet benewens 'n gespesifiseerde rekening ook **Deel B van die Werkgewer se Verslag van 'n Ongeval en 'n afskrif van die Eerste Mediese Verslag (W.Cl. 4) saam met die navraag indien.**
4. Indien hierdie kantoor by ontvangs van bogemelde dokumente vind dat die ongeval nog nie deur die werk-gewer aangemeld is nie, sal daar onmiddellik met hom in verbinding getree word. In sommige gevalle waar die besering gering was en al bogenoemde dokumente ontvang is sal dit selfs moontlik wees om aanspreeklikheid te aanvaar en u rekening te vereffen.

**In alle gevalle moet hierdie vorm aan die Vergoedingskommissaris,  
Posbus 955, Pretoria 0001, geadresseer word.**

## INSTRUCTIONS

1. A separate form, completed in duplicate, must be rendered with a specified account in respect of every individual account which has been outstanding for two months or longer.
2. This form must be used by medical practitioners, radiologists, physiotherapists, dental surgeons, hospitals, nursing homes, etc, for medical aid rendered in terms of the Compensation Act, 1993.
3. Medical practitioners or hospitals who treated the employee in the first instance for an injury must in addition to their specified account and this form, also include **Part B of the Employer's Report and the copy of the First Medical Report, W.Cl. 4.**
4. If this office finds, on receipt of the documents mentioned above, that the employer has not yet reported the accident, he will be contacted immediately. In some cases where the injury was of a minor nature and all above-mentioned reports have been received, it will be possible to accept a liability and settle your account.

**In all cases this form should be addressed to the Compensation Commissioner,  
P O Box 955, Pretoria 0001.**