



**VITACAP**  
**LIMITED**  
**RISK EVALUATORS**  
**& CONSULTANTS**

PO Box 282, Oak House,  
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 CHANNEL ISLANDS

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 +263 (0)77 684 7379

FOR PROPER OFF SHORE INSURANCE YOU CAN TRUST!

## EMERGENCY CLAIM FORM

### COMPLETION OF THIS FORM IS COMPULSARY BY THE MEMBER | PRINCIPLE

In accordance with your VITAHEALTH PLAN, as stated in the Membership Guide, clause 7, any Member visiting a medical facility for the purpose of EMERGENCY treatment is required to do the following:-

A. NOTIFY THE HEALTH ADMINISTRATOR WITHIN 48 HOURS OF THE EVENT AS STATED BELOW, COMPLETE THIS EMERGENCY CLAIM FORM AND SUBMIT IT IMMEDIATELY.

B. MEMBERS ARE REMINDED THAT SHOULD THIS CASUALTY VISIT BE OF NON-EMERGENCY | OUTPATIENT CLAIM, IT MAY BE DECLINED. IF YOU ARE UNSURE, KINDLY CALL THE MEDICAL ADMINISTRATOR.

(Please read the General Exclusion on back of this page).

Name of principal member::

Contact l/line tel no's::  Cell No's::

Full name of member:

Date of birth of member:

Membership No.:

Membership expiry date:

Reason for Emergency::   Accident:  Illness:

Date of emergency:         Time of emergency:

Full description of emergency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of the Emergency Facility:

Name of treating doctor:

Contact details of facility/doctor:

### INVESTIGATIONS RELATED TO THE EMERGENCY

Radiology (X-Ray | MRI Scan | C.T. Scan, etc )  Yes  No

Pathology (Bloods : Specimen Urine | Stool, etc )  Yes  No

Signature of Applicant

Date:

Please contact the **Medical Administrator : +263 (0)77 684 7379**  
 and forward this form to [health@vitacapbenefit.com](mailto:health@vitacapbenefit.com)

## General Exclusions

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The list of general exclusions is shown below. It is entirely at VitaCap Benefit's discretion to pay only for treatment that is justifiable. For a complete list of exclusions, please refer to the Terms and Conditions document.

- Psychiatric conditions
- Professional sports injuries, including motor sports
- Dental treatment except for accidental damage
- Chronic renal dialysis
- Organ donor costs for transplants
- Active participation in war, riot, strike, revolution, civil war mutiny, military and/or terrorism where injuries occur
- Infertility treatment
- ARV drugs and treatment relating to HIV/AIDS
- Emergency evacuation in the case of elective treatment
- Treatment costs for alcohol and other substance dependencies
- Hazardous sports injuries, including horse-riding and skydiving
- Hormone treatment and replacement therapy
- Cosmetic surgery
- Sleep-related disorders
- Non-prescribed supplements such as dietary and vitamins for example
- Congenital and hereditary defects and diseases
- Evacuation for terminal conditions
- Self-inflicted injuries such as attempted suicide and substance abuse