CLAIMS TRANSACTION HISTORY

This shows your previous claim transactions. Date: 2025/06/12 Time: 08:49:41

Report details

Member name: L POTGIETER Date of entry: 2004/11/01 Service date from: 2025/05/26

Employer name: TEMP HOLDING GROUP ARR 1 Membership no: 154218450 Date of withdrawal: 0000/00/00 Service date to: 2025/06/12

Filter criteria

claims per dependant: DEWALD

Year	Annual Threshold	Pro rata Threshold	Annual Medical Savings Account	Pro rata Medical Savings Account
2024			R0	R0
2025			R0	R0

Patient information	Treatment date	Process date	Claims reference	Amount claimed	Discovery Health Rate	Cumulative expenses		Claims paid from				Claims paid to		Claims not paid		RC
						2024	2025	MSA*	Medical Scheme	Discovery Pay/Other**	MSA balance	Member	Service provider	Your portion	Portion not payable***	
DEWALD - VISSER F C ERASMUS AND PARTNE	2025/05/26	2025/05/26	CE4X1S	2829.46	2829.50	0.00	6371.29	0.00	0.00	0.00	0.00	0.00	0.00	2829.46	0.00	727
DEWALD - GREENACRES HOSPITAL	2025/05/26	2025/05/27	CEKRVK	0.84	0.84	0.00	6372.13	0.00	0.00	0.00	0.00	0.00	0.00	0.84	0.00	727
DEWALD - HOLT AND PARTNERS	2025/05/26	2025/05/27	CEKVwZ	793.00	793.00	0.00	6372.13	0.00	0.00	0.00	0.00	0.00	0.00	793.00	0.00	674
DEWALD - CLICKS PHARMACY KAMMA CROSSIN	2025/05/27	2025/05/27	CEQETV	114.34	114.34	0.00	6372.13	0.00	114.34	0.00	0.00	0.00	114.34	0.00	0.00	1052
DEWALD - KASSAN A H	2025/05/27	2025/06/10	CGcNDy	1716.80	1716.80	0.00	17058.82	0.00	0.00	0.00	0.00	0.00	0.00	1716.80	0.00	727
				44.10	44.10	0.00	17102.92	0.00	0.00	0.00	0.00	0.00	0.00	44.10	0.00	727
				98.50	98.50	0.00	17201.42	0.00	0.00	0.00	0.00	0.00	0.00	98.50	0.00	727
				687.50	687.50	0.00	17888.92	0.00	0.00	0.00	0.00	0.00	0.00	687.50	0.00	727
DEWALD - FINESTONE P	2025/05/28	2025/05/28	CEfkpb	662.70	814.50	0.00	7034.83	0.00	0.00	0.00	0.00	0.00	0.00	662.70	0.00	727
				168.60	182.70	0.00	7203.43	0.00	0.00	0.00	0.00	0.00	0.00	168.60	0.00	727
				281.90	304.80	0.00	7485.33	0.00	0.00	0.00	0.00	0.00	0.00	281.90	0.00	727
				168.60	182.70	0.00	7653.93	0.00	0.00	0.00	0.00	0.00	0.00	168.60	0.00	727
				1785.60	1931.00	0.00	9439.53	0.00	0.00	0.00	0.00	0.00	0.00	1785.60	0.00	727
				386.10	417.50	0.00	9825.63	0.00	0.00	0.00	0.00	0.00	0.00	386.10	0.00	727
				1930.80	2087.50	0.00	11756.43	0.00	0.00	0.00	0.00	0.00	0.00	1930.80	0.00	727
				506.70	548.00	0.00	12263.13	0.00	0.00	0.00	0.00	0.00	0.00	506.70	0.00	727
DEWALD - KLINICARE SHERWOOD PHARMACY	2025/05/28	2025/05/28	CEjQZr	307.49	307.49	0.00	12570.62	0.00	0.00	307.49	0.00	0.00	307.49	0.00	0.00	1240
DEWALD - KASSAN A H	2025/06/04	2025/06/10	CGcNDu	381.60	381.60	0.00	15199.42	0.00	0.00	0.00	0.00	0.00	0.00	381.60	0.00	727
				44.10	44.10	0.00	15243.52	0.00	0.00	0.00	0.00	0.00	0.00	44.10	0.00	727
				98.50	98.50	0.00	15342.02	0.00	0.00	0.00	0.00	0.00	0.00	98.50	0.00	727
DEWALD - FINESTONE P	2025/06/06	2025/06/06	CG62ck	662.70	814.50	0.00	13233.32	0.00	0.00	0.00	0.00	0.00	0.00	662.70	0.00	727
				168.60	182.70	0.00	13401.92	0.00	0.00	0.00	0.00	0.00	0.00	168.60	0.00	727
				281.90	304.80	0.00	13683.82	0.00	0.00	0.00	0.00	0.00	0.00	281.90	0.00	727
				168.60	182.70	0.00	13852.42	0.00	0.00	0.00	0.00	0.00	0.00	168.60	0.00	727
				965.40	1043.80	0.00	14817.82	0.00	0.00	0.00	0.00	0.00	0.00	965.40	0.00	727
Total for Out of Hospital				**15254.43**	**16113.47**			**0.00**	**114.34**	**307.49**		**0.00**	**421.83**	**14832.60**	**0.00**	
Total for Adjustments								**0**								
Totals				**15254.43**	**16113.47**			**0.00**	**114.34**	**307.49**		**0.00**	**421.83**	**14832.60**	**0.00**	

Discovery Pay/Other** = Payment is from your Discovery Pay facility linked to your Discovery Bank Account. Discovery Pay is not part of the benefits and services offered by Discovery Health Medical Scheme. Discovery Pay is brought to you by Discovery Bank Limited. Registration number 2015/408745/06. Discovery Bank is an authorized financial services provider (FSP48657) and registered credit provider (NCRCP9997).

MSA* = Medical Savings Account **Discovery Pay/Other** = linked Discovery Bank Account (a separate Discovery Product)** **Portion not Payable*** = The amount for which neither you nor the Scheme is responsible**

Reason Code (RC)	Reason Code description
727	Your plan does not cover these services. You must pay this amount.
674	Your health plan excludes cover for this claim line item. You are responsible for this amount.
1052	Your claim line has been paid from the over-the-counter medicine benefit.
1240	We have paid the amount on this line from the member's Health Pay account.

Current Medical Savings Account balance: R0

Expenses for this year: R18056.7