

Application for special payments made from the Medical Savings Account

Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton, 2146, www.discovery.co.za

What you must do

Please go through these two steps:

Step 1: Fill in the form

Step 2: Sign the application

When you sign this application, you confirm that the information provided is true and correct.

How to complete this form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please ensure this application is completed in full.
- Send us the completed application by email healthinfo@discovery.co.za or fax to **011 539 7227**.

1. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>	First name(s) (as per identity book)	<input type="text"/>
Surname	<input type="text"/>	Membership number	<input type="text"/>		
Name of patient	<input type="text"/>	Relationship to main member	<input type="text"/>		
Postal address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Telephone (H)	<input type="text"/>		(W)	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>		Fax	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>				

2. Claim details

Date of treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of supplier of treatment	<input type="text"/>						
Amount being claimed	R	<input type="text"/>	Practice number	<input type="text"/>			
Treatment description	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						

Please make sure you read this important information before sending in your application.

1. Please attach the original claim(s) to this application form.
2. The approval of this application, if you are in your first calendar year of membership, depends on the money you have accrued (the amount paid to your Medical Savings Account, less any claims paid) in your Medical Savings Account at the time we receive the claim.
3. If you are in your second or later calendar year of membership, you may apply for a special payment from your Medical Savings Account, up to the amount available in your Medical Savings Account.
4. If the scheme approves your application, and then you later decide to withdraw your membership of the scheme, you agree that you are responsible for paying the scheme any amount still outstanding on your Medical Savings Account.
5. There are certain things you need to be aware of before you apply for a special payment from your Medical Savings Account:
 - The main member must complete and sign this application form.
 - You need a valid claim to get approval for your special payment. The claim must be attached to this application form.
 - Special payments from your Medical Savings Account will only be considered if your healthcare professional is appropriately registered with the board of Healthcare Funders (BHF). This means the healthcare provider must have a BHF practice number.
 - Special payments from your Medical Savings Account must be for a valid and recognised medical procedure, treatment, or product, in terms of your health plan and the scheme's rules.

2. Claim details (continued)

- We do not approve special payments on quotations, as you may only apply for a special payment for a procedure or treatment already received and not for future expenses.
 - Special payments from your Medical Savings Account cannot be made for procedures or substances, which may be considered harmful, for example, anabolic steroids and slimming substances.
 - Special payments from your Medical Savings Account always depend on an approval process.
 - Claims must be for a minimum of R100 (one hundred rand).
 - If you have a waiting period, you cannot apply for a special payment from your Medical Savings Account.
 - If approved, the special payment from your Medical Savings Account will be made to you, the member, and not directly to the provider, as you will be responsible for paying the provider.
6. Claims paid as a special payment will not add up to your Annual Threshold and will create a self-payment gap.
7. This payment, which we call a “Medical Savings Account exception” is made at the scheme’s discretion. That is, the scheme has the freedom and authority to decide whether or not to make the payment. Making the payment is optional and not a requirement of the scheme.
8. **The scheme will not be held responsible for any consequences, (whether medical, financial or otherwise), that may result from the healthcare service you claim for. By having the healthcare service and accepting the “Medical Savings Account exception” funding decision, you may not hold the scheme responsible for any claims for loss or damages that may for any reason be brought against the scheme by you or any third party.**

Signed at (town or city) on 2 0 Y Y M M D D

Signature of main member