

Ex gratia application form 2020



Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme that you are applying to become a member of. This is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): 0860 99 88 77, Tel (health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za, 1 Discovery Place, Sandton, 2196.

What is an ex gratia payment?

Ex gratia payment is a discretionary non-presidential consideration by Discovery Health Medical Scheme, where the Scheme believes that an exceptional situation exists which warrants funding. An ex gratia payment is not a benefit defined within the Scheme rules and should not be used to replace or supplement the existing benefits.

Purpose of the form

We consider an ex gratia application in cases where a member incurs exceptional medical expenses not covered by the benefits available or the rules of the Scheme and, as a consequence the member has, or is likely to experience financial hardship. We review all the cases on individual merit and on a case-by-case basis.

Discovery Health Medical Scheme reviews the exceptional clinical circumstances and extreme financial hardship of each individual application, while considering fairness to the overall membership. As ex gratia payments are discretionary, the decisions made will not set a precedent, determine future benefits or affect Discovery Health Medical Scheme's rights in any way. The Scheme's decisions are final and cannot be disputed or appealed.

How do I apply for an ex gratia payment?

We will only consider complete applications.

We need the following documents to consider an ex gratia application:

- The completed ex gratia application form
- The main member and spouse's most recent salary slip or pension advice and three months' current bank statements. You must give us the details even if your spouse is not a member of Discovery Health Medical Scheme
- All relevant and current clinical information from the treating doctor or healthcare practitioner, for example a clinical motivation
- All relevant and current supporting clinical information, for example radiology and pathology reports
- Detailed cost-effective quotes on the treatment requested. If the treatment has happened already, send us the proof of payment relevant to the claims.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- The main applicant must physically sign all relevant sections – you cannot sign it digitally. The main applicant must sign and date any changes
- Fax the completed form and attachments to 011 539 7333 or email it to EX_GRATIA@discovery.co.za

1. Main member's details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First names (according to identity document)	<input type="text"/>		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Membership number	<input type="text"/>		
Telephone (H)	<input type="text"/> - <input type="text"/>		

Telephone (W) - Cellphone -

Fax -

Email

How many dependants do you have who are not on your medical scheme membership?

Do you have gap cover? Item 1 Item 2 Item 3 Item 4

If "Yes", please give us the name, effective date and plan type of your gap cover.

Name Effective date - - -

Type of your gap cover

Employment type Permanent On contract Commission-based Retired Unemployed

2. Patient's details

First names (according to identity document)

Surname

Age Relationship to main member

3. How we can communicate the decision to you

Telephone Fax Email Post

Details of above

4. Income and expenditure statement (member to complete)

4.1. Monthly income and expenses

Income

Source	Member	Spouse	Total
Gross salary (Net of tax)	R	R	R
Other income (like investments, trust fund income, interest, spousal support, rental income, medical scheme subsidy)	R	R	R
Total income	R	R	R
Total deductions (PAYE; UIF, skills levy)	R	R	R
Net income	R	R	R

Expenditure

Bond/rent	R
Pension / provident fund contributions	R
Retirement annuity	R
Medical scheme contributions	R
Other medical expenses	R
Municipal rates and taxes (attach latest statement)	R
Electricity and water	R
Telephone and Internet	R
Hire purchase payments (like car instalments). Please specify:	
1.	R

5.1. What are you requesting? (Please be specific and clear)

5.2. Diagnosis and relevant ICD-10 codes

Date of diagnosis

D	D
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M	M
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Y	Y	Y	Y
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5.3. Costs involved (rand value)

Please attach quotations, invoices or treatment plans or all of these. We do not accept approximate figures.

5.4. Reason for ex gratia request

Please explain why you are applying for an ex gratia consideration

I,

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 on

D	D
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M	M
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Y	Y	Y	Y
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(please print your name and surname) agree that by applying for ex gratia, I accept that:

- The committee decides according to the merits of each individual case. Their decision may not be used to justify a similar decision in future.
- The committee does not have to approve the request, and there is no appeal process if my application is declined.
- Any decision the committee makes is based on the information I have supplied.

Signed at (town or city)

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on

D	D
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M	M
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Y	Y	Y	Y
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Signature of main applicant

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 **Please only sign if information is true, complete and correct.**