Contact us
Tel: 0800 226 5633 (0800 BANKMED) • Private Bag X2, Rivonia, 2128 • www.bankmed.co.za

Hospital admission complaint form

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes.

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

Ensuring you get the best hospital care

Bankmed is committed to ensuring you receive safe, high-quality care should you be admitted to hospital. We try to work constructively with hospitals, doctors and other clinical staff to improve quality and safety and to address any concerns our members may have, as they arise.

We encourage you to take your concerns directly to your doctor or hospital, but sometimes that is ineffective. In such circumstances we are happy to relay your concerns or complaints (and compliments) to the relevant professionals or managers, and to assist you to have them effectively addressed.

Your feedback is important in order for us to assist you in resolving your current issues, and to prevent further harm, discomfort and dissatisfaction in the future.

Tell us about your hospital stay

The purpose of this form is to make it possible for us to provide the hospital with feedback. Please provide us with a detailed account of the events that occurred so we can contact the hospital on your behalf, particularly when a hospital admission has resulted in harm to you or a family member.

Kindly use this form to assist us by providing the information that can identify when and where your care took place, who was involved, and what happened to you or your family member**.**

What we will do with this form

Bankmed staff will review the information. Usually, we send this to the hospital concerned. On occasion it may be sent to the head office of the hospital group.

We will not share this information with external individuals or parties without your consent. The information will only be shared with the hospital concerned.

We may contact you to provide further information, should this be required.

How to complete this form

1. Please complete the form in black ink and print clearly

2. Please e-mail the completed form to **hospitalfeedback@bankmed.co.za** or fax to 021 527 1926

Member information

Name of the patient involved

Membership number

Hospital name

Date of admission (Y Y Y Y M M D D)

Contact number

Your feedback

In this section you need to detail the hospital event by making reference to the hospital name, treating Healthcare Professional, date of the event and the details of the visit.

Your feedback *(continued)*

Signature | Do not sign incomplete documents

Bankmed Medical Scheme is a registered medical scheme with the Council for Medical Schemes (CMS). The CMS contact details are as follows: e-mail complaints@medicalschemes.com / Customer Care Centre: 0861 123 267 / website www.medicalschemes.com

Bankmed Medical Scheme. Registration number 1279.

WAL_3106_Bankmed_12.12.2018_V1_(2019)