

## Instruction to reverse the payment of a claim received and paid by Bankmed Medical Scheme

### 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.

### What you must do

Kindly follow these steps:

**Step 1:** Fill in the form in black ink, using one letter per block. Please print clearly.

**Step 2:** Please make sure the main member signs and dates the form.

**Step 3:** E-mail the completed and signed form to enquiries@bankmed.co.za.

**When you sign this application, you confirm that you have read and understood the requirements and that the information is true and complete.**

### 1. About the main member

|                 |                      |                   |                      |                      |                      |
|-----------------|----------------------|-------------------|----------------------|----------------------|----------------------|
| Title           | <input type="text"/> | Initials          | <input type="text"/> | Surname              | <input type="text"/> |
| Identity number | <input type="text"/> | Date of birth     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Passport number | <input type="text"/> | Membership number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone (H)   | <input type="text"/> | (W)               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cellphone       | <input type="text"/> | Fax               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail          | <input type="text"/> |                   |                      |                      |                      |

### 2. About the claim that you want the Scheme to reverse

Details of the claim paid by the Scheme that you wish to be reversed:

|  |                      |
|--|----------------------|
| Service date                                     | <input type="text"/> |
| Practice number                                  | <input type="text"/> |
| Practice name or name of Healthcare Professional | <input type="text"/> |
| Claim reference number (if available)            | <input type="text"/> |
| Healthcare service                               | <input type="text"/> |
| Amount claimed                                   | <input type="text"/> |
| Amount that the Scheme paid                      | <input type="text"/> |

Please provide a brief explanation as to why you require the payment for this healthcare service reversed

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### 3. Important information regarding your request to reverse payment of a claim

1. Please be aware that once we reverse the payment made for this healthcare service, the Healthcare Professional may still hold you responsible for the payment of this amount.
2. You agree that once the Scheme reverses the payment made to you or to the provider, we will not process or pay this claim again.
3. You agree that we advise the healthcare provider of your request to have this payment reversed. We may also give this confirmation to the healthcare provider in writing.
4. Please be aware that, in the event of an instruction to reverse a dental claim, a copy of this document will be forwarded to the Dental Mediation Services.
5. The Scheme reserves its right to decline an instruction to reverse a payment if the request is not justified or is for reasons that may be anti-selective towards the Scheme. Should the Scheme decline your instruction to reverse a payment you may query this decision by using the Scheme's internal complaints process as detailed on our website.

Main member's name

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Main member's signature

**Please do not sign incomplete forms.**