

Application for special payments made from the Medical Savings Account

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

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.

About completing this form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, ensure this application is completed in full.
- Send us the completed application by e-mail to enquiries@bankmed.co.za or fax to **021 527 1926**.

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 Principal Member	<input type="text"/>			
Postal address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>				Code	<input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	(W)	<input type="text"/>	<input type="text"/>	
Cellphone	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	
E-mail address	<input type="text"/>					

2. Claim details

Date of treatment	Name of Healthcare Professional	Amount being claimed	Treatment description
<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"/>	<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"/>
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Kindly ensure 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, should you be in your first calendar year of membership, depends on the money you have paid to your Medical Savings Account, less any claims paid, at the time we receive the claim.
3. Should you be 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. Should your application be approved, and then you later decide to withdraw your membership from 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:
 - 5.1. The Principal Member is required to complete and sign this application form.
 - 5.2. You need a valid claim to obtain approval for your special payment. The claim must be attached to this application form.
 - 5.3. 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 Professional must have a BHF practice number.
 - 5.4. Special payments from your Medical Savings Account must be for a valid and recognised medical procedure, treatment, or product, in terms of your Plan and the Scheme Rules.
 - 5.5. 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.
 - 5.6. 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.
 - 5.7. Special payments from your Medical Savings Account always depend on an approval process.
 - 5.8. Claims must be for a minimum of R100 (one hundred rand).
 - 5.9. Should you have a waiting period, you cannot apply for a special payment from your Medical Savings Account.
 - 5.10. If approved, the special payment from your Medical Savings Account will be made to you, the member, and not directly to the Healthcare Professional, as you will be responsible for paying the Healthcare Professional.
6. Claims paid as a special payment will not add up to your Annual Threshold and will create a Self-payment Gap, if applicable to your selected Plan.
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

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

Signature of Principal Member

Please do not sign incomplete forms.