

Instruction to reverse the payment of a claim received and paid by Bankmed Medical Scheme: South African Reserve Bank Accident Claim Reversals Only

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is the medical scheme that you are a member of. This 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 Principal 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.

The South African Reserve Bank ("SARB") has confirmed that they have an accident insurance policy in place for all their employees. Only active employees have access to the cover that this insurance policy provides. As a result, only claims incurred by the Principal Member may be reversed. In addition, only claims funded from the Medical Savings Account ("MSA") may be reversed.

Bankmed will not be held responsible for any consequences that may arise as a result of the reversal of this/these claim/s. Refer to section 3 of this form for more information about your liability in respect of this request.

1. About the Principal 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"/>		
Telephone (H)	<input type="text"/>	(W)	<input type="text"/>		
Cellphone	<input type="text"/>	Fax	<input type="text"/>		
E-mail address	<input type="text"/>				

2. About the claim that you want to 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 is (available)	<input type="text"/>
Healthcare service	<input type="text"/>
Amount claimed	<input type="text"/>
Amount that the scheme paid	<input type="text"/>

*Only claims that result from accidents and that were funded from your Medical Savings Account (MSA) may be reversed.

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. Bankmed will not be responsible for any consequences that may result from the reversal of this claim.
2. You agree that once the Scheme reverses the payment made to you or to the Healthcare Professional, we will not process or pay this claim again.
3. You agree that we advise the Healthcare Professional of your request to have this payment reversed. We may also give this confirmation to the Healthcare Professional 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.
6. The Scheme will not be held responsible for any liability and/or consequences that may arise from the reversal of the claim. You agree that you, as the member, take full responsibility for any dispute/liability that may arise with the affected Healthcare Professional resulting from the reversal of this claim.

Principal Member's name

Date

D	D	M	M	Y	Y	Y	Y
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Principal Member's signature

Please do not sign incomplete forms.