

Application for special payments made from the Member Savings Account



Contact us

Tel: 0861 638 633 • PO Box 652509 • Benmore, 2010 • www.netcaremedicalscheme.co.za

This is an application form to make special payments from the Member Savings Account (MSA).

Who we are

Netcare Medical Scheme, registration number 1584, is a non-profit organization, 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 of Netcare Medical Scheme.

Before you apply

There are certain things that you need to be aware of before you apply for a special payment from your Member Savings Account:

- The main member must complete and sign this application form.
- We need a valid claim to approve your special payment. The account must accompany this application form. Special payments will not be approved on quotations, as you may only apply for a special payment for procedures or treatment already received – not for future expenses.
- Special payments from your MSA will only be considered for claims where the healthcare provider is appropriately registered with the Board of Healthcare Funders (BHF). This means the healthcare provider must have a valid BHF practice number.
- Special payments from your MSA must be for a valid and recognised medical procedure, treatment or product.
- If you have a waiting period, you will not be allowed to apply for a special payment from your MSA.
- Special payments from your MSA cannot be made for procedures or substances, which may be considered harmful, for example anabolic steroids and slimming substances.
- Special payments from your MSA always depend on an approval process.
- If approved, the special payment from your MSA will be made to you, the member only, and not directly to the provider, as you are responsible for ensuring payment of medical accounts.

How to complete this form

1. Please use one letter per block, complete with black ink and print clearly.
2. To avoid administration delays, please ensure this application is completed in full and signed.
3. Please fax the completed application to **(011) 539 7227** or email it to member@netcaremedicalscheme.co.za

When you sign this application, you confirm that the information provided is true and correct.

1. Patient details

Membership number	<input type="text"/>																				
Name and surname of main member	<input type="text"/>																				
Name of patient	<input type="text"/>										Relationship to main member	<input type="text"/>									
Postal address	<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"/>							
Email address	<input type="text"/>																				

