

Application for special payments made from the Member Savings Account



Contact details

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 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 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 principal member	<input type="text"/>		
Name of patient	<input type="text"/>	Relationship to main member	<input type="text"/>
Postal address	<input type="text"/>		
		Code	<input type="text"/>
Telephone (H)	<input type="text"/>	(W)	<input type="text"/>
Cellphone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

2. Claim details

Date of treatment	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y																																			
D	D	M	M	Y	Y	Y	Y																																					
Name of supplier of treatment	<input type="text"/>																																											
Amount being claimed	R	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Practice number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Treatment description	<input type="text"/> <input type="text"/> <input type="text"/>																																											

Please attach any original claims to this application form.

3. About the special payment

1. The approval of this application, is subject to the funds you have accrued in your Member Savings Account at the time we receive the claim. If we approve the payment of the attached claim/s, we will pay it from your Member Savings Account (MSA) during the next claims payment run.
2. On approval of your application by the Scheme, you agree and acknowledge by your signature on this application that you are lawfully indebted to the Scheme for the balance of the amount outstanding on your MSA if you withdraw your membership of the Scheme and you will immediately repay this amount on withdrawal.
3. This payment which we call an "MSA exception" is made at the Scheme's discretion. The Scheme will not be held responsible for any consequences (whether clinical or financial) that may result from the healthcare services you claim for. By having the procedure and accepting the "MSA Exception" funding decision you indemnify the Scheme against any claims for loss or damages that may for any reason be brought against the Scheme.

Once we have reviewed this application, we will write to you to advise you of our decision.

Signed at (town or city) on

D	D	M	M	Y	Y	Y	Y
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Signature of main member

Please do not sign an incomplete application form