

Hospital admission feedback



Contact us

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Who we are

MEDiPOS Medical Scheme (referred to as 'the Scheme'), registration number 1548, is a not-for-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). Discovery Health takes care of the administration of your membership for the Scheme.

Ensuring you get the best hospital care possible

MEDiPOS is committed to ensuring you receive safe, high-quality care if you are admitted to hospital. We try to work constructively with hospitals, healthcare providers and other clinical staff to improve quality and safety and to address any concerns our members may have, as they arise.

We encourage you to take your concerns directly to your healthcare provider or hospital. Should that prove to be ineffective, we are happy to relay your concerns or complaints to the relevant hospital manager, to assist you.

Your feedback is important for us to assist you in resolving your current issues, and to prevent further harm, discomfort and dissatisfaction in the future.

Tell us about your hospital stay

Use the form to provide information that can identify when and where your care took place, who was involved, and what happened to you or your family member.

What we will do with this form

We will review the information you provide. Typically, we send this to the relevant hospital. Occasionally, it may be sent to the head office of the hospital group.

We will not share any individual identifiable information with external individuals or parties without your permission.

We may contact you to get further information.

How to complete this form

1. Please complete the form in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
2. Please email the completed form to enquiries@medipos.co.za.

1. Member information

Name of the patient	<input type="text"/>
Membership number	<input type="text"/>
Hospital name	<input type="text"/>
Date of admission	<input type="text"/>

