

Application for exgratia assistance



Contact us

Tel: 0860 100 078 • PO Box 652509, Benmore 2010 • www.medipos.co.za

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). We take care of the administration of your membership for the Scheme.

What is exgratia

Exgratia is a discretionary consideration by MEDiPOS Medical Scheme, where the Scheme believes that an exceptional situation exists which warrants funding. An exgratia is not a benefit defined within the Scheme rules and should not be used to replace or supplement the existing benefits.

Exgratia considerations

The Scheme's Exgratia Committee reviews the exceptional clinical circumstances and extreme financial hardship of each application, while considering fairness to the overall membership. As exgratia is discretionary, the decisions made will not set a precedent, determine future benefits or affect the Scheme's rights in any way. The decision of the Exgratia Committee is final and cannot be appealed.

How to apply for ex gratia funding

The following documents will be required for consideration of the ex gratia application:

1. The main member and/or spouse's most recent salary slip or pension advice, and three month's current bank statements.
2. All relevant and current clinical information from the treating healthcare provider e.g. clinical motivation.
3. All relevant and current supporting clinical information e.g. radiology, pathology.
4. Detailed, cost-effective quotes on the treatment requested, or if retrospective, current account statement and relevant claims.

Email the completed form and attachments to exgratia@medipos.co.za.

1. Main member details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
Name	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Benefit Option	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		
Postal address			
<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet Suite	Number	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>

2. Employment information

Date joined company	<input type="text"/>	Date joined MEDiPOS	<input type="text"/>
Current status	Active staff member <input type="checkbox"/>	Pensioner	<input type="checkbox"/>
If pensioner member, specify date of retirement	<input type="text"/>		

3. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First names (as per identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone	<input type="text"/>	Cellphone	<input type="text"/>
Email	<input type="text"/>		
Patient's signature	<input type="text"/>	Date	<input type="text"/>

(If patient is a minor, main member must sign)

4. Financial information

Active employees, please attach copies of salary advice. Pensioners, please attach copies of tax returns and/or pension statements

Monthly Income	Member	Spouse
Salary (gross)	R <input type="text"/>	R <input type="text"/>
Pension	R <input type="text"/>	R <input type="text"/>
Dividends	R <input type="text"/>	R <input type="text"/>
Interest on investments	R <input type="text"/>	R <input type="text"/>
Other (specify)	R <input type="text"/>	R <input type="text"/>
	R <input type="text"/>	R <input type="text"/>
	R <input type="text"/>	R <input type="text"/>
	R <input type="text"/>	R <input type="text"/>
	R <input type="text"/>	R <input type="text"/>
Total monthly income	R <input type="text"/>	R <input type="text"/>

Itemise your monthly expenses in broad categories

Bond/Accommodation	R <input type="text"/>
Clothing	R <input type="text"/>
Groceries	R <input type="text"/>
Telephone	R <input type="text"/>
Water and lights	R <input type="text"/>
Travelling expenses	R <input type="text"/>
Insurance	R <input type="text"/>
Other (specify)	R <input type="text"/>
	R <input type="text"/>
	R <input type="text"/>
	R <input type="text"/>
	R <input type="text"/>
Total monthly expenditure	R <input type="text"/>

5. Exgratia request

5.1 What is being requested? (Please be specific and clear)

5.2 Diagnosis

Date of diagnosis

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5.3 Costs involved (rand value)

Please attach quotations, invoices or treatment plans or all of these. Approximate figures will not be accepted.

5.4 Reason for exgratia request

Please explain why you are applying for an exgratia consideration

I,

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(please print your name and surname), agree that by applying for exgratia, I accept that:

- The committee's decision is made according to the merits of each individual case and may not be used to justify a similar decision in future.
- The Scheme reserves the right to call for additional medical or such other information as it may determine, in order to consider and process this application.
- Any decision the committee makes is based on the information I have supplied.

Signed at (town or city)

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Signature of main member

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