LA Health
Powered by Discovery

Contact details
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Application for special payments made from the Medical Savings Account

This is an application form to make special payments from the Medical Savings Account.
Please note: Prescribed Minimum Benefits (PMB) claims may, in accordance with the Act, not be paid from the Medical Savings Account.

How to complete this form

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

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

1. Patient details

Title | Initials | First name(s) (as per identity book)

Surname | Membership number

Name of patient | Relationship to main member

Postal address

Code

Telephone (H) | (W)

Cellphone | Fax

Email address

2. Claim details

Date of treatment 2 0 Y Y M M D D

Name of supplier of treatment

Amount being claimed R | Practice number

Treatment description

Please make sure you read this important information before sending in your application.

1. Please attach the original claim(s) to this application form.
2. The approval of this application depends on the money you have accrued (the amount paid to your Medical Savings Account, less any claims paid) in your Medical Savings Account at the time we receive the claim.
3. If LA Health Medical Scheme approves your application, and then you later decide to withdraw your membership of LA Health Medical Scheme, you agree that you are responsible for paying LA Health Medical Scheme any amount still outstanding on your Medical Savings Account.

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2. Claim details *(continued)*

4. There are certain things you need to be aware of before you apply for a special payment from your Medical Savings Account:
   - The main member must complete and sign this application form.
   - You need a valid claim to get approval for your special payment. The claim must be attached to this application form.
   - Special payments from your Medical Savings Account will only be considered if your healthcare professional is appropriately registered with the board of Healthcare Funders (BHF). This means the healthcare professional must have a BHF practice number.
   - Special payments from your Medical Savings Account must be for a valid and recognised medical procedure, treatment, or product, in terms of your Benefit Option and LA Health Medical Scheme's rules.
   - We do not approve special payments on quotations, as you may only apply for a special payment for a procedure or treatment already received and not for future expenses.
   - Special payments from your Medical Savings Account cannot be made for procedures or substances, that may be considered harmful, for example, anabolic steroids and slimming substances.
   - Special payments from your Medical Savings Account always depend on an approval process.
   - Claims must be for a minimum of R100 (one hundred rand).
   - If you have a waiting period, you cannot apply for a special payment from your Medical Savings Account.
   - If approved, the special payment from your Medical Savings Account will be made to you, the member, and not directly to the healthcare professional, as you will be responsible for paying the healthcare professional.
5. This payment, which we call a "Medical Savings Account exception" is made at LA Health Medical Scheme's discretion. That is, LA Health Medical Scheme has the freedom and authority to decide whether or not to make the payment. Making the payment is optional and not a requirement of LA Health Medical Scheme.
6. LA Health Medical Scheme will not be held responsible for any consequences, (whether medical, financial or otherwise), that may result from the healthcare service you claim for. By having the healthcare service and accepting the "Medical Savings Account exception" funding decision, you may not hold LA Health Medical Scheme responsible for any claims for loss or damages that may for any reason be brought against LA Health Medical Scheme by you or any third party.

Signed at (town or city) _____ on 2 0 Y Y M M D D

Signature of main member _____

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