Contact details
Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

Settlement agreement for an amount owing to the LA Health Medical Scheme

This form is your agreement to pay back an amount owing to the Retail Medical Scheme.

What you must do
Please fill in the form, sign it and fax it back to us.

How to complete this application form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administrative delays, please make sure this form is completed in full.
- Once complete, please fax your form to 011 539 7232 or email it to service@discovery.co.za

1. Main member's details and acknowledgement of amount owing

Member name(s) (as per identity document)

Member surname

Membership number

Date of birth (Y Y Y Y M M D D)

ID number

Passport number

Telephone (H)

(W)

Cellphone

Fax

Email address

By signing this form, you acknowledge and agree to settle any amount owing to the Scheme. You acknowledge that the amount quoted can change and is based on the information we have at the time. Where the amount we quote is different to the final amount that is due, you agree to pay back the full amount.
Note: If the amount you owe the Scheme changes, we will contact you and offer you new payment terms.

Signature of main member

2. Method of payment

Please choose your method of payment:

Direct debit ☐ (please complete section 3)

Direct deposit ☐

Amount owing R

If you choose to pay the outstanding amount by direct deposit, please use the following bank account:

Bank	FNB
Branch	JHB Corporate
Branch code	255005
Account type	Current
Account number	6207-5102-120

Please use your LA Health membership number as the reference when making direct deposits and fax the proof of payment to us.

3. Your banking details if you are paying by direct debit

Name of accountholder

Account number

Type of account Cheque ☐ Transmission ☐ Savings ☐

Bank name

Branch name

Branch number – –

Full amount owing R

To be debited on 2 0 Y Y M M D D

By signing this direct debit request, I authorise LA Health Medical Scheme to deduct the agreed amount from my bank account.

The amount that we quote as owing to the Scheme can change because of late or outstanding claims the Scheme receives and pays. By signing this form, you agree that the Scheme may add this amount to the outstanding amount we quoted you and that you will settle the amount in full.

Signature of accountholder

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

Signature of main member

WAL_302_LA_9/10/14_V1