

Application for special payments made from the Personal Medical Savings Account



Contact details

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

This is an application form to make special payments from the Personal Medical Savings Account (PMSA)

Who we are

Remedi Medical Aid Scheme is the medical scheme, registration number 1430, which is 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 Remedi.

Before you apply

There are certain things you need to be aware of before you apply for a special payment from your Personal 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 Personal 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 provider must have a BHF practice number.
- Special payments from your Personal Medical Savings Account must be for a valid and recognised medical procedure, treatment, or product, according to your Benefit Option and the 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 Personal Medical Savings Account cannot be made for procedures or substances, which may be considered harmful, for example, anabolic steroids and slimming substances.
- Special payments from your Personal 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 Personal Medical Savings Account.
- If approved, the special payment from your Personal Medical Savings Account will be made to you, the member, and not directly to the provider, as you will be responsible for paying the provider.

How to complete this form

1. Please use one letter per block, complete in 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 service@yourremedi.co.za.

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

1. Main member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>

2. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Membership number	<input type="text"/>		
ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		
Relationship to main member	<input type="text"/>		

3. 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																																				
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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> . <table border="1"><tr><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 the original claim(s).

Please Note:

1. The approval of this application, depends on the money you have accrued (the amount paid to your Personal Medical Savings Account, less any claims paid) in your Personal Medical Savings Account at the time we receive the claim.
2. If the Scheme approves your application, and then you later decide to withdraw your membership of the Scheme, you agree that you are responsible for paying the Scheme any amount still outstanding on your Personal Medical Savings Account.
3. This payment, which we call a "Personal Medical Savings Account exception" is made at the Scheme's discretion. That is, the 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 the Scheme.
4. The 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 "Personal Medical Savings Account exception" funding decision, you may not hold the Scheme responsible for any claims for loss or damages that may for any reason be brought against the Scheme by you or any third party.

Signed at (town or city) on 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