

Ex gratia application form

What is ex gratia?

Ex gratia means "as a favour". It is a discretionary consideration by LA Health Medical Scheme, which is only made where the committee believes that an exceptional situation exists which warrants ex gratia funding. It is not a benefit that the Scheme has to offer, nor is it guaranteed.

How are ex gratia decisions made?

A committee reviews the ex gratia application, which should be completed by the member asking for consideration.

Only applications with complete information can be reviewed by the committee. It is your responsibility as a member to make sure that all the needed information is on the application form, and attached to it, as this will be presented to the committee.

What happens if my application is declined?

Because ex gratia is discretionary, LA Health Medical Scheme may decline any application without affecting its own rights in any way.

The committee's decisions are final and can't be disputed or appealed against. They are not meant to replace or supplement the existing benefits of the Scheme.

How do I apply for ex gratia?

The application form and all attachments need to be signed by the member. Please complete the application form in full, attaching all the relevant information.

Fax the completed form and attachments to **011 539 2239** or email them to inhouse_EX_GRATIA@discovery.co.za

I

(please print your name and surname) agree that by applying for ex gratia, 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 committee does not have to approve the request, and there is no appeal process if my application is declined.
- Any decision made by the committee is based on the information I have supplied.

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

Signature of main applicant The main applicant must sign and date any changes

1. Main member's details

Title Initials Surname

First name(s) (as per identity document)

Membership number

Telephone number (H) (W)

Cellphone

Email address

2. Patient's details

First name(s) (as per identity document)

Surname

Age Relationship to main member

3. How should we communicate the decision to you

Telephone Fax Email Post

Details of above

4. Ex gratia request

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

4.2 Costs involved (Rand value)

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

4.3 Reason for ex gratia request

- Please explain why you are applying for an ex gratia consideration.
- Please attach all motivations, explanations and reasons. List all the documents you are submitting together with your ex gratia application, for example "doctor's report" or "x-rays" or "tests" or "scans done".

Office check

Member details Request
Cost Reason