

Disputes investigation form 2020 (Application to investigate a Dispute)

Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme that you are applying to become a member of. This is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): 0860 99 88 77, Tel (health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za, 1 Discovery Place, Sandton, 2196.

Purpose of the form

If you have exhausted all avenues within Discovery Health Medical Scheme to resolve your dispute/complaint and you still feel aggrieved, you have the option of either lodging a Dispute by completing and sending this form to the Scheme, as below or lodging a complaint with the Council for Medical Schemes (CMS). The CMS can be contacted via email: complaints@medicalschemes.com/ Customer care centre: 0861 123 267/ website: www.medicalschemes.com.

What you must do

Please go through these steps:

- Familiarise yourself with the Disputes investigation process below.
- Fill in the in black ink and print clearly, or complete the form digitally.
- All relevant sections must be physically signed by the main member and cannot be signed digitally. The main member must sign and date any changes.
- Please return the completed and signed form to the Benefit Compliance Review department. The form may be received in the following avenues:
 - You can return the form by hand to 1 Discovery Place, Sandton or post it to P.O. Box 786722, Sandton, 2146. Please ensure that the form is in a marked envelope addressed to the Benefit Compliance Review department, or
 - You can fax the completed and signed form to **011 539 7860**, or
 - You can email it to mydispute@discovery.co.za

The administrator of the Scheme facilitates and performs the administrative function relating to the dispute and the Dispute Committee.

1. Dispute investigation process

1.1. Purpose of lodging a Dispute

If you have escalated your complaints through the relevant channels through the administrator and are still unsatisfied with the outcome, or if you feel that the Discovery Health Medical Scheme has not abided by its registered Rules or the provisions of the Medical Schemes Act, then you may lodge a dispute in terms of Scheme Rule 27.

By completing this form, you are initiating an investigation of your complaint. Upon receipt of this completed form, Discovery Health (on behalf of the Scheme), will investigate the matter and provide you with a written outcome of the investigation.

1.2. Duration to investigate and respond to the Dispute

While we endeavour to provide you with a response as soon as possible, the registered Rules makes provision for 30 days. Should we require a longer period to investigate and respond to your dispute, we will let you know.

1.3. Recourse of the Dispute investigation outcome

If you are not satisfied with the outcome of the investigation, you may then request that a Dispute Committee Hearing be scheduled through the completion of the Disputes Committee Hearing form which will be sent to you with the outcome of the investigation.

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council for Medical Schemes at any stage of the complaints process but are encouraged to follow the internal Scheme process as described above to resolve your complaint before contacting the Council for Medical Schemes directly. Members who wish to approach the Council for Medical Schemes directly for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420

2. Member's details

Member name	<input type="text"/>	
Membership number	<input type="text"/>	
Health Plan	<input type="text"/>	
Telephone	<input type="text"/> - <input type="text"/>	Cellphone <input type="text"/> - <input type="text"/>
Email address	<input type="text"/>	

3. Details of the case you want to refer for a Scheme Rule 27 Dispute process

Considering the Discovery Health Medical Scheme Rules, as well as the provisions of your chosen Health Plan, please give us an outline of your dispute. You can also include medical tests and other information you may feel necessary to support your case. Should the space below be insufficient, please feel free to add in additional pages of information.

Have you attempted to resolve this matter with the Discovery Health Medical Scheme and / or the Administrator directly? If yes, please provide the details of these attempts and give the enquiry reference numbers, name and contact details of persons you dealt with, where possible.

Please provide a short motivation of your expectations on the outcome of the review and why you are submitting this form for a Scheme Rule 27 Dispute process.

4. Consent by member to outside representation

I, Identity/Passport number
hereby give consent to Identity/Passport number

to represent me in this complaint and any hearing that may arise from this complaint. I also agree to the Scheme collecting and collating my relevant Personal Information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies ("Sources"), and further processing of such information to consider my dispute/complaint.

Signature of main member Date - -

 **Please only sign if information is true, complete and correct.**

Representative's name (if applicable)

Representative's relationship to member

Signature of representative Date - -