

# Disputes investigation form (Application to investigate a Dispute)



## Contact details

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • [www.yourremedi.co.za](http://www.yourremedi.co.za)

## Who we are

Remedi Medical Aid Scheme (referred to as 'Remedi'), registration number 1430, is a not-for-profit organisation, registered with the Council for Medical Schemes (CMS).

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 Remedi and takes care of the administration of your membership.

## Contact us

Tel (members): **0860 116 116**, PO Box 784262, Sandton, 2146, [www.yourremedi.co.za](http://www.yourremedi.co.za), 1 Discovery Place, Sandton, 2196.

## Purpose of the form

If you have exhausted all avenues within Remedi 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.co.za](mailto:complaints@medicalschemes.co.za)/ Customer care centre: **0861123 267**/ website: [www.medicalschemes.co.za](http://www.medicalschemes.co.za).

## What you must do

Please go through these steps:

- Familiarise yourself with the Disputes investigation process below.
- Fill in with black ink and print clearly, or complete the form digitally.
- All relevant sections can be physically or digitally signed by the main member. Please sign and date any changes.
- Please return the completed and signed form which will need to be returned via email, post or by hand as follows: 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 Remedi Principal Officer, or
  - You can email it to [executiveoffice@yourremedi.co.za](mailto:executiveoffice@yourremedi.co.za).

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

## 1. Dispute investigation process

### 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 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, we will investigate the matter and provide you with a written outcome of the investigation.

### 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.

### 3. Recourse of the Dispute investigation outcome

If you are not satisfied with the outcome of the investigation, you may then request that a Disputes Committee Hearing be scheduled in response to the outcome of the investigation.

### 4. Contact the Council for Medical Schemes ("CMS")

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 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za). Customer care centre: **0861 123 267**/or website [www.medicalschemes.co.za](http://www.medicalschemes.co.za)



#### 4. Consent by member to outside representation

I, <input type="text"/>	ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
hereby give consent to <input type="text"/>	ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

to represent me in this complaint and any hearing that may arise from this complaint. I also agree to Discovery Health Medical 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"), any information in the public domain and further processing of such information to consider my dispute/complaint.

Signature of main member	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Please only sign if the information is true, complete and correct

Representative's name (if applicable)	<input type="text"/>
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Representative's relationship to member	<input type="text"/>
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Signature of representative	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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