

Ex gratia application form



Contact details

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

Who we are

Remedi Medical Aid Scheme (referred to as 'The Scheme'), registration number 1430, is a non-profit organisation, registered with the Council of Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "we" "us" and "our" or 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 for Remedi Medical Aid Scheme.

What is ex gratia?

Ex gratia is a discretionary grant and approved by the Remedi Medical Aid Scheme Board of Trustees or it's appointed sub-committee(s), where it is considered to warrant additional funding, per the discretion of the Board of Trustees or it's appointed sub-committee(s). Ex gratia is not a benefit defined within the Scheme benefit rules and is not allowed to be used to replace or supplement existing benefits.

Ex gratia considerations?

The Scheme's Medical Advisory Committee reviews the exceptional clinical circumstances of each individual application, while considering fairness to the overall membership. As ex gratia is discretionary, the decisions made will not set a precedent, determine future benefits or affect Remedi Medical Aid Scheme's rights in any way. All the cases are reviewed on individual merit and on a case-by-case basis.

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.

Email the completed form and attachments to exgratia@yourremedi.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.
- Any decision the Committee makes is based on the information I have supplied.

Signed at (town or city) on

D	D	M	M	Y	Y	Y	Y
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Signature of main applicant

The main applicant must sign and date any changes

1. Main member details

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

2. Patient's details

First name(s)	<input type="text"/>											
Surname	<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"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Email	<input type="text"/>											
Relationship to principal member	<input type="text"/>											

3. How we can communicate the decision to you

Telephone Email Post

Details of above

<input type="text"/>
<input type="text"/>
<input type="text"/>

4. Ex gratia request

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

4.2. Costs involved (rand value)

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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 with your ex gratia application, for example doctor's report or x-rays or tests or scans.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

The following supporting documentation will be required as a minimum requirement to review your application.

Please tick in the appropriate block to confirm documentation that has been enclosed

Additional clinical information from the treating doctor/practitioner	<input type="checkbox"/>
Account(s) (if applicable)	<input type="checkbox"/>
Quotes (if applicable)	<input type="checkbox"/>
Other information (specify)	<input type="checkbox"/>

Office check

Member details

Request

Cost

Reason