

# Application for special payments made from the Medical Savings Account

**Contact details**

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • [www.lahealth.co.za](http://www.lahealth.co.za)

This is an application form to make special payments from the Medical Savings Account.

**Please note:** Prescribed Minimum Benefits (PMB) claims may, in accordance with the Act, not be paid from the Medical Savings Account.

**Who we are**

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a non-profit organisation, 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). We take care of the administration of your membership for the Scheme.

**How to complete this form**

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid any delays, please ensure this application is completed in full and signed.
3. Please email the completed application to [service@lahealthms.co.za](mailto:service@lahealthms.co.za).

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

**1. Patient's details**

|  |                      |                   |                      |
|--|----------------------|-------------------|----------------------|
| Title                                    | <input type="text"/> | Initials          | <input type="text"/> |
| Surname                                  | <input type="text"/> |                   |                      |
| First name(s) (as per identity document) | <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"/> |                   |                      |
| Relationship to main member              | <input type="text"/> |                   |                      |

**2. Claim details**

|                               |                        |
|-------------------------------|------------------------|
| Date of treatment             | <input type="text"/>   |
| Name of supplier of treatment | <input type="text"/>   |
| Amount being claimed          | R <input type="text"/> |
| Registration number           | <input type="text"/>   |
| Treatment description         | <input type="text"/>   |
|                               | <input type="text"/>   |
|                               | <input type="text"/>   |

### 3. Claim details (continued)

Please make sure you read this important information before sending in your application.

1. Please attach the original claim(s) to this application form.
2. The approval of this application depends on the money you have accrued (the amount paid to your Medical Savings Account, less any claims paid) in your Medical Savings Account at the time we receive the claim.
3. If the Scheme approves your application, and then you later decide to withdraw your membership of LA Health Medical Scheme, you agree that you are responsible for paying the Scheme any amount still outstanding on your Medical Savings Account.
4. There are certain things you need to be aware of before you apply for a special payment from your 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 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 professional must have a BHF practice number.
  - Special payments from your Medical Savings Account must be for a valid and recognised medical procedure, treatment, or product, in terms of 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 Medical Savings Account cannot be made for procedures or substances, that may be considered harmful, for example, anabolic steroids and slimming substances.
  - Special payments from your 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 Medical Savings Account.
  - If approved, the special payment from your Medical Savings Account will be made to you, the member, and not directly to the healthcare professional, as you will be responsible for paying the healthcare professional.
5. This payment, which we call a "Medical Savings Account exception" is made at the Scheme's discretion. That is, LA Health Medical 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.
6. 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 "Medical Savings Account exception" funding decision, you may not hold LA Health Medical 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.

Please email the completed application to [service@lahealthms.co.za](mailto:service@lahealthms.co.za).

Once we have reviewed this application, we will let you know of our decision.

Signed at (town or city)

on

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of main member

**Please do not sign an incomplete form**