



**Contact details**

Tel: 0860 100 693 • PO Box 652509, Benmore 2010 • www.avgms.co.za

## Ex Gratia application form

### Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is a not-for-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.

### What is an ex gratia?

Ex gratia is a discretionary consideration by Anglovaal Group Medical Scheme, where the Scheme believes that an exceptional situation exists which warrants funding. An ex gratia is not a benefit defined within the Scheme rules and should not be used to replace or supplement the existing benefits.

Only in exceptional circumstances will retrospective applications be considered.

### How to apply for ex gratia funding

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administration delays, please ensure this application is completed in full and that the following is submitted with the application:
  - a. All relevant and current clinical information from the treating doctor/practitioner e.g. clinical motivation
  - b. All relevant and current supporting clinical information e.g. radiology, pathology
3. Please submit your completed form to fax **011 539 2239** or post to **Anglovaal Group Medical Scheme, PO Box 654509, Benmore, 2010** or email **INHOUSE\_EX\_GRATIA@discovery.co.za**

The outcome of the application will be communicated in a letter or by email if this is your preferred means of communication.

### 1. Main member's details

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name/s (as per identity document)	<input type="text"/>				
Membership Number	<input type="text"/>	Telephone Number (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(W)	<input type="text"/>	Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>				
Preferred means of communication?	Post <input type="checkbox"/>	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Fax <input type="checkbox"/>	

### 2. Patient's details

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

### 3. Reason for applying for Ex Gratia (Patient's diagnosis and treatment)

Amount/cover applying for R


#### 4. Treating service provider's details

Practice Number

Service provider's name

Contact number  -

#### 5. Legal declaration

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 the committee makes is based on the information I have supplied.

Signed at (town or city)

on   -   -

Signature of main member

The main member must sign and date any changes