



Application for special payments to be made from the Medical Savings Account

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

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.

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@discovery.co.za or fax it to (011) 539 7227.

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

1. Patient details

Card number	<input type="text"/>		
Name and surname of main member	<input type="text"/>		
Name of patient	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Telephone (H)	<input type="text"/>	(W)	<input type="text"/>
Cellphone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

2. Claim details

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

1. Please attach the original claim(s) to this application form.
2. The approval of this application is subject to the funds you have accrued in your Medical Savings Account (MSA) at the time we receive the claim. If payment of the attached claim(s) is approved, it will be paid from your MSA during the next claims payment run.
3. On approval of your application by the Scheme, you agree and acknowledge by virtue of your signature hereunder that you are lawfully indebted to the Scheme for the balance of the amount outstanding on your MSA should you withdraw your membership of the Scheme and this amount shall be immediately repaid on withdrawal.
4. There are certain criteria that 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.
 - A valid account is needed to approve your special payment. The account must be attached to this application form. Special payment will not be approved on quotations, as you may only apply for a special payment for procedures or treatment already received – not for future expenses.
 - Special payments from your MSA will only be considered for claims where the health care provider is appropriately registered with the Board of Healthcare Funders (BHF). This means the health care provider must have a BHF practice number.
 - Special payments from your MSA must be for a valid and recognised medical procedure, treatment, or product.
 - Claims must be for a minimum of R100.
 - If you have a waiting period, you will not be allowed to apply for a special payment from your MSA.

- Special payments from your MSA cannot be made for procedures or substances, which may be considered harmful, eg, anabolic steroids and slimming substances.
 - 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 MSA are always subject to an approval process.
 - If approved, the special payment from your MSA will be made to you, the member, and not directly to the provider, as you are responsible for ensuring payment of medical accounts.
5. The above decision, one that the Scheme terms an “MSA exception” is made on a discretionary basis. The Scheme will not be held responsible for any consequences, (whether medical, financial or otherwise), that may result from the above-mentioned procedure. By having the procedure performed and accepting the “MSA exception” funding decision, you indemnify the Scheme against any claims for loss or damages that may for any reason be brought against the Scheme.

Please send your application to

Please email the completed application to **service@discovery.co.za** or fax it to **(011) 539 7227**, or post to: Anglovaal Group Medical Scheme.

MSA Special Payments, PO Box 650885, Benmore 2010.

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

Principal member signature

Please do not sign an incomplete application form

Date

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