Application for special payments made from the Personal Medical Savings Account (PMSA)

Contact details
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This is an application form to request special payments from the Personal Medical Savings Account (PMSA)

Who we are

Remedi Medical Aid Scheme is the medical scheme, registration number 1430, which is 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), which takes care of the administration of your membership of Remedi.

Before you apply

There are certain things you need to be aware of before you apply for a special payment from your PMSA:

- 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 PMSA 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 PMSA must be for a valid and recognised medical procedure, treatment, or product, according to 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 PMSA cannot be made for procedures or substances, which may be considered harmful, for example, anabolic steroids and slimming substances.
- Special payments from your PMSA 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 PMSA.
- If approved, the special payment from your PMSA will be made to you, the member, and not directly to the healthcare professional. You will be responsible for paying the healthcare professional.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
2. To avoid administration delays, please ensure this application is completed in full and signed.
3. Please email the completed application to **service@yourremedi.co.za**.

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

1. Main member's details

Membership number

ID or passport number

Member's surname

Member's name

2. Patient's details

Title Initials

Surname

First name(s) (as per identity document)

ID or passport number Membership number

Cellphone

Email

Relationship to main member

3. Claim details

Date of treatment D D M M Y Y Y Y

Name of supplier of treatment

Amount being claimed **R** . Practice number

Treatment description

*Please attach the original claim(s).

Please Note:

1. The approval of this application, depends on the money you have accrued (the amount paid to your PMSA, less any claims paid) in your PMSA at the time we receive the claim.
2. If the Scheme approves your application, and then you later decide to withdraw your membership of the Scheme, you agree that you are responsible for paying the Scheme any amount still outstanding on your PMSA.
3. This payment, which we call a “Personal Medical Savings Account exception” is made at the Scheme’s discretion. That is, the 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.
4. The Scheme will not be held responsible for any consequences, (whether medical, financial, or otherwise), which may result from the healthcare service you claim for. By having the healthcare service and accepting the “Personal Medical Savings Account exception” funding decision, you may not hold the 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.

Signed at (town or city) on on D D M M Y Y Y Y

Signature of main member

Please do not sign an incomplete application form