Disputes investigation 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 'Remedi'), registration number 1430, is a not-for-profit organisation, registered with the Council for Medical Schemes (CMS). Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the Administrator') is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Remedi and takes care of the administration of your membership.

Contact us

Tel (members): **0860 116 116**; PO Box 784262, Sandton, 2146; **www.yourremedi.co.za**; 1 Discovery Place, Sandton, 2196.

Purpose of the form

If you have exhausted all avenues within Remedi to resolve your dispute/complaint and you still feel aggrieved, you have the option of either lodging a Dispute by completing and sending this form to the Scheme, as below or lodging a complaint with the Council for Medical Schemes (CMS). The CMS can be contacted via email: **complaints@medicalschemes.co.za**/ Customer care centre: **0861 123 267**/website: **www.medicalschemes.co.za.**

What you must do

Please go through these steps:

- Familiarise yourself with the disputes investigation process below.
- Fill in with black ink and print clearly, or complete the form digitally.
- All relevant sections can be physically or digitally signed by the main member. Please sign and date any changes.
- Please return the completed and signed form via email to **executiveoffice@yourremedi.co.za.**

The Administrator of the Scheme facilitates and performs the administrative function relating to the dispute.

1. Dispute investigation process

1. **Purpose of lodging a dispute**

   If you have escalated your complaints through the relevant channels through the Administrator and are still unsatisfied with the outcome, or if you feel that the Scheme has not abided by its registered Rules or the provisions of the Medical Schemes Act, then you may lodge a dispute in terms of Scheme Rule 27.

   By completing this form, you are initiating an investigation of your complaint. Upon receipt of this completed form, we will investigate the matter and provide you with a written outcome of the investigation.

2. **Duration to investigate and respond to the dispute**

   While we endeavour to provide you with a response as soon as possible, the registered Rules makes provision for 30 days. Should we require a longer period to investigate and respond to your dispute, we will let you know.

3. **Recourse of the dispute investigation outcome**

   If you are not satisfied with the outcome of the investigation, you may then request that a Disputes Committee Hearing be scheduled in response to the outcome of the investigation.

4. **Contact the Council for Medical Schemes ("CMS")**

   You may contact the Council for Medical Schemes (CMS) at any stage of the complaints process but are encouraged to follow the internal Scheme process as described above to resolve your complaint before contacting the CMS directly. Members who wish to approach the CMS directly for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email **complaints@medicalschemes.co.za**. Customer care centre: **0861 123 267** or website **www.medicalschemes.co.za**

2. Member's details

Member name			
Membership number			
Benefit option			
Telephone		Cellphone	
Email			

3. Details of the case you want to refer for a Scheme Rule 28 Disputes process

Considering the Remedi Rules, as well as the provisions of your chosen benefit option, please give us an outline of your dispute. You can also include medical tests and other information you may feel necessary to support your case. Should the space below be insufficient, please feel free to add in additional pages of information.

Have you attempted to resolve this matter with Remedi and/or the Administrator directly? If yes, please provide details of these attempts, including enquiry reference numbers, names, and contact details of the persons you dealt with, where possible.

Please provide a short motivation of your expectations on the outcome of the review and why you are submitting this form for a Scheme Rule 28 Disputes process.

4. Consent by member to outside representation (if applicable):

I, ID or passport number

hereby give consent to ID or passport number

to represent me in this complaint and any hearing that may arise from this complaint. I also agree to Discovery Health (Pty) Ltd collecting and collating my relevant Personal Information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies (“Sources”), any information in the public domain and further processing of such information to consider my dispute/complaint.

Representative's name (if applicable)	
Representative's relationship to member	

Signature of representative

Date D D M M Y Y Y Y