

# Ex Gratia application form



## Contact details

Tel: 0861 638 633 • PO Box 652509, Benmore 2010 • [www.netcaremedicalscheme.co.za](http://www.netcaremedicalscheme.co.za)

## Who we are

The Netcare Medical Scheme (referred to as 'the Scheme'), registration number 1584, 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.

## What is Ex Gratia?

Ex Gratia is a discretionary consideration by Netcare 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.

## Ex Gratia considerations?

The Scheme's Ex Gratia Committee review the exceptional clinical circumstances and extreme financial hardship of each individual application, while considering fairness to the overall membership. As Ex Gratia is discretionary, the decisions made will not set a precedent, determine future benefits or affect Netcare Medical Scheme's rights in any way. All the cases are reviewed on individual merit and on a case-by-case basis.

An Ex Gratia application is considered in cases where members incur exceptional medical expenses not covered by the benefits available and/or the rules of the Scheme and as a consequence the member has, or is likely to experience financial hardship.

## How do I apply for Ex Gratia funding?

Only complete applications will be considered.

The following documents will be required for consideration of the Ex Gratia application:

1. All relevant and current clinical information from the treating doctor/practitioner e.g. clinical motivation.
2. All relevant and current supporting clinical information e.g. radiology, pathology.
3. Detailed cost effective quotes on the treatment requested or if retrospective, current account statement and relevant claims.

Email the completed form and attachments to [exgratia@netcaremedicalscheme.co.za](mailto:exgratia@netcaremedicalscheme.co.za).

<https://www.netcaremedicalscheme.co.za/portal/netcare/privacy>

## 1. Main member details

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Membership Number	<input type="text"/>	ID or passport number	<input type="text"/>
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian/Asian <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Do not want to disclose race <input type="checkbox"/>
<i>You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to request information. It will be used for statistical purposes only.</i>			
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

## 2. Patient's details

First name(s)												
Surname												
ID or passport number												
Telephone (H)								Telephone (W)				
Cellphone												
Email												
Relationship to principal member												

## 3. How we can communicate the decision to you

Telephone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Post	<input type="checkbox"/>	
Details of above						

## 4. Ex gratia request

4.1. What is being requested? (Please be specific and clear)


4.2. Diagnosis


Date of diagnosis

	D	D	M	M	Y	Y	Y	Y
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4.3. Costs involved (rand value)

- Please attach quotations, invoices or treatment plans or all of these. Approximate figures will not be accepted.


4.4. Reason for ex gratia request.

- Please explain why you are applying for an ex gratia consideration


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 Scheme reserves the right to call for additional medical or such other information as it may determine in order to consider and process this application.
- Any decision the committee makes is based on the information I have supplied.
- Treatment at a non-DSP provider will not be considered by the Ex-gratia Committee.

Signed at (town or city) \_\_\_\_\_

on

D	D	M	M	Y	Y	Y	Y
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Signature of main member

The main member must sign and date any changes

**Office check**

Member details

Request

Reason