Referral to the Disputes Committee

Biscovery Health Medical Scheme

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Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton, 2146, www.discovery.co.za

What you must do

Please go through these steps:

Step 1: Fill in the form in black ink, using one letter for each block. Please print clearly.

Step 2: Please return the completed and signed form to the Disputes Committee, Discovery Health Compliance Department.

You can return the form by hand to 155 West Street, Sandton or post it to P O Box 786722, Sandton, 2146 or

fax the completed and signed form to 011 539 7860, or email it to mydispute@discovery.co.za

As soon as we receive the application the Discovery Health Medical Scheme will make the necessary arrangements for the Disputes Committee to review your case. If you have any questions, please let us know.

1. Member's details		
Member name		
Membership number		
Discovery Health Plan		
Telephone	Cellpho	one
Email address		
Representatives		
at the meeting		

2. Details of the case you want to refer to the Disputes Committee

If the Disputes Committee meets to review your case, will you be able to attend the meeting at Discovery Health's office in Sandton? Yes 🗌	No
Will you require us to set up a telephone conference? Yes No	
Will you require us to set up a video conference from the Cape Town 🗌 or Durban 🗌 office? Yes 📃 No 🗌	

Considering the Discovery Health Medical Scheme rules and the benefits and limitations of your chosen Discovery Health Plan, 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.

2. Details of the case you want to refer to the Disputes Committee (continued)

Have you attempted to resolve this matter with the Discovery Health Medical Scheme directly? If yes, please provide the details of these attempts and give the name and contact details of 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 application to the Disputes Committee.

Main member's signature

Date Y Y Y M M D D