

Application for special payments from the Medical Savings Account 2025



Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, www.discovery.co.za, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

Purpose of this form

This is an application for special payments from your Medical Savings Account (MSA).

What you must do

- Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers on www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the main member. The main member must sign and date any changes.
- You can submit your documents on the www.discovery.co.za > Medical Aid > Get Help tool > Ask Discovery > Submit medical aid document and follow the guided steps through Ask Discovery.

1. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone (H)	<input type="text"/>	<input type="text"/>
Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cellphone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>						
Relationship to main member	<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 healthcare professional	<input type="text"/>						
Practice number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount being claimed R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of treatment	<input type="text"/>						
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							

Please make sure you read this important information before sending in your application.

1. The approval of this application, if you are in your first calendar year (January to December) of membership, depends on the money you have paid to your Medical Savings Account, less any claims paid, at the time we received the claim. If there are not sufficient funds available in your Medical Savings Account, we will not pay for the claim.
2. If you are in your second or later calendar year of membership, you may apply for a special payment from your Medical Savings Account up to the amount available in your Medical Savings Account. If there are not sufficient funds available in your Medical Savings Account, we will not pay for the claim.
3. If the Scheme approves your application and you later decide to withdraw your membership of the Scheme, you agree that you are

responsible for paying the Scheme any amount than is more than your contributions to your Medical Savings Account.

4. There are certain things you need to be aware of before you apply for a special payment from your Medical Savings Account:
 - 4.1. The main member must complete and sign this application form.
 - 4.2. Special payments from your Medical Savings Account always depend on an approval process.
 - 4.3. You need a valid claim to get approval for your special payment. The healthcare provider's invoice must be attached to this application form. The claim must be processed on the membership before a special payment request will be considered.
 - 4.4. Special payments from your Medical Savings Account will only be considered if your healthcare professional is appropriately registered with the Board of Healthcare Funders (BHF). This means the healthcare provider must have a BHF practice number.
 - 4.5. Special payments from your Medical Savings Account must be for a valid and recognised medical procedure, treatment, or product.
 - 4.6. 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.
 - 4.7. Special payments from your Medical Savings Account can be made for general scheme exclusions.
 - 4.8. Claims must be for a minimum of R100 (one hundred rand).
 - 4.9. If you have a waiting period, you cannot apply for a special payment from your Medical Savings Account.
 - 4.10. If approved, the special payment from your Medical Savings Account will be made to you, the patient, and not directly to the provider, as you have to pay the provider.
5. Claims paid as a special payment do not add up to your Annual Threshold and will increase your Self-payment Gap.
6. This payment, which we call a "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 pay. Paying is optional and not a requirement of the Scheme.
7. The Scheme will not be held responsible for any consequences, (whether medical, financial or otherwise), that may result from the healthcare service you claim for.

I confirm that I have read and understood the information in this section and that the details I have provided are true and correct.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of main member



Please only sign if information is true, complete and correct.