

#### **Contact details**

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

# **Application for additional benefits**

#### Who we are

Age

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, 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 additional benefits?

It is a discretionary consideration by LA Health Medical Scheme, which is only made if the Scheme believes an exceptional situation exists that warrants payment in excess of the stated benefits. Additional benefits is not a benefit that LA Health Medical Scheme has to offer, nor is it guaranteed.

## How are additional benefits decisions made?

The Scheme reviews the additional benefits application, which should be completed by the member asking for consideration.

Only applications with complete information can be reviewed. It is your responsibility as a member to make sure that all the information we ask for is on the application form, and attached to it.

# What happens if my application is declined?

As additional benefits are discretionary, LA Health Medical Scheme may decline any application without affecting its own rights in any way. The Scheme's decisions are final and can't be disputed or appealed against. Any additional benefits allocation is not meant to replace or supplement the existing benefits of LA Health Medical Scheme.

## How do I apply for additional benefits?

The application form and all attachments need to be signed by the member. Please complete the application form in full, attaching all the relevant information.

Fax the completed form and attachments to 011 539 2239 or email them to INHOUSE_EX_GRATIA@discovery.co.za
l,
(please print your name and surname) agree that by applying for additional benefits, I accept that:
<ul> <li>The Scheme's decision is based on the merits of each individual case and may not be used to justify a similar decision in future.</li> <li>The Scheme does not have to approve the request, and there is no appeal process if my application is declined.</li> <li>Any decision made by the Scheme is based on the information I have supplied.</li> </ul>
Signed at (town or city) on Y Y Y Y M M D
Signature of main applicant The main applicant must sign and date any changes.
1. Main member's details
Title Initials Surname
First name(s) (according to your identity document)
Membership number
Telephone number (H) (W) (W)
Cellphone
Email address
2. Patient's details
First name(s) (according to your identity document)
Surname Surname

Relationship to main member

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The Council for Medical Schemes contact details: complaints@medicalschemes.com / 0861 123 267 / www.medicalschemes.com

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