Contact us
Tel: 0800 BANKMED (0800 226 5633) • Private Bag X2, Rivonia 2128 • www.bankmed.co.za

Ex Gratia application form

Who we are
Bankmed (referred to as 'the Scheme'), registration number 1279, is a not-for-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) which takes care of the administration of your membership for the Scheme.

What is ex gratia?
Ex gratia is a discretionary consideration by Bankmed 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
Bankmed Medical Scheme reviews 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 Bankmed Medical Scheme's rights in any way. The Scheme's decisions are final and can not be disputed or appealed. All the cases are reviewed on individual merit and on a case-by-case basis.

How to apply for ex gratia funding?
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.

The following documents will be required for consideration of the ex gratia application:

1. The Principal Member and/or spouse's most recent salary slip or pension advice and three month's current bank statements
2. All relevant and current clinical information from the treating Healthcare Professional e.g. clinical motivation
3. All relevant and current supporting clinical information e.g. radiology, pathology
4. Detailed cost effective quotes on the treatment requested, or if retrospective, current account statement and relevant claims

E-mail the completed form and attachments to **Exgratia@bankmed.co.za**

Bankmed Privacy Statement

1. Principal Member's details

Membership number

ID or passport number

Member's surname

Member's name

2. Patient's details

Title Initial(s)

Surname

First name(s)

ID or passport number Membership number

Telephone (H) Telephone (W)

Cellphone

E-mail

3. How we can communicate the decision to you

Telephone E-mail

Telephone

E-mail

4. Household income and expenditure statement

4.1 Monthly income and expenses

Source	Member	Spouse	Total
Gross salary	R	R	R
Other income (investments, interest, etc)	R	R	R
Total income	R	R	R
Total deductions	R	R	R
Net income	R	R	R

Bond/Rent	R .
Municipal rates and taxes (attach last rates and taxes)	R .
Electricity and water	R .
Telephone	R .
Hire purchase payments (please specify)	
1.	R .
2.	R .
3.	R .
Short term loans (personal, credit card, etc.)	R .
Insurance premiums (household content, building, vehicle, etc.)	R .
Transport	R .
Domestic and garden help	R .
School/college/university fees	R .
Groceries	R .
Clothing	R .
Other (life insurance, retirement annuities, etc.)	R .
Total expenditure	R .
Net income	R .
Net cash surplus or deficit	R .

4.2 Statement of assets and liabilities

Assets	Value	Liabilities	Value
Residential property owned	R	Mortgage bonds	R
Other properties (please specify)	R	Bank overdraft	R
	R	Loans	R
	R	Other	R
Shares and investments	R		R
Other significant assets	R		R
	R		R
Total	R	Total	R

5. Ex gratia request

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

5.2 Diagnosis

Date of diagnosis D D M M Y Y Y Y

5.3 Costs involved (rand value)

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

5.4 Reason for ex gratia request.

- Kindly explain why you are applying for an ex gratia consideration
- All motivations, explanations and reasons should be attached. List all the documentation you are submitting with your ex gratia application, for example, Healthcare Professional's report or X-rays or tests or scans.

I

(please print your name and surname) agree that by applying for ex gratia, I accept that:

- The Scheme'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 does not have to approve the request and there is no appeals process if my application is declined.
- Any decision the Scheme makes is based on the information I have supplied.

Signed at (town or city) on D D M M Y Y Y Y

Signature of main applicant

The main applicant must sign and date the changes