



# EX GRATIA / SPECIAL CASES APPLICATION FORM

Email: [exgratia@medshield.co.za](mailto:exgratia@medshield.co.za)

**Ex Gratia** is a discretionary consideration. This is applicable if the Scheme believes that an exceptional situation exists that warrants funding. *It is not a benefit that the Scheme has to offer, nor is it guaranteed.*

**Special Cases** include cases such as breast reductions, kyphoplasties and bariatric surgery procedures which are excluded from the Scheme Rules including out of formulary medications (list of specified medicines) but can be reviewed if clinically motivated. This process also applies to cases where a member's dispute declined authorisation requests.

Ex Gratia payments may be made by the Committee in its absolute discretion, provided it is satisfied that significant financial hardship or exceptional medical circumstances exists.

- The case will not be submitted to the Committee, should any section of the application be incomplete unless stated as "not applicable".
  - It is important to note that your completion of this application form in no way implies that you will receive an Ex Gratia award, or that Medshield Medical Scheme accepts any liability whatsoever for any amounts that you owe to any registered medical service providers. Any such amounts owing, therefore remain your sole responsibility.
  - In the space provided below, kindly furnish a short summary of your request.
  - Please attach the following mandatory supporting documents:
    - Latest proof of income
    - 3 months stamped bank statements (most recent)
    - Letter of motivation from treating healthcare provider
    - Copy of respective claim
- Any other supporting documents for your request e.g. scan reports, blood tests and at least 3 quotations from different service providers etc.*

**BASIS FOR YOUR REQUEST:** Financial Hardship:  Exceptional Circumstances:  Both:

Short Summary of your request:

## SECTION A MEMBERSHIP DETAILS

Membership Number:   
Option:

## PRINCIPAL (MAIN) MEMBER DETAILS

Initials and Surname:   
ID/Passport Number:

## BENEFICIARY/PATIENT DETAILS

Initials and Surname:   
ID/Passport Number:

Date Joined:         Benefit Date:

Dependant Information:	Name & Surname:	Age:
Dependant Information:	Name & Surname:	Age:
Dependant Information:	Name & Surname:	Age:
Dependant Information:	Name & Surname:	Age:





