

Ex Gratia application form

Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, 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 Ex Gratia?

Ex Gratia is a discretionary consideration by Malcor Medical Aid 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?

The Scheme's Ex Gratia Trustees review 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 Malcor Medical Aid Scheme's rights in any way. All the cases are reviewed on individual merit and on a case-by-case basis.

How do I apply for Ex Gratia funding?

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

1. The Main 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 doctor/practitioner 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

Fax the completed form and attachments to **011 539 2239** or email it to exgratia@malcormedicalaid.co.za

1. Main member details

Title	<input type="text"/>	Initials	<input type="text"/>			
First name/s (as per identity document)	<input type="text"/>					
Surname	<input type="text"/>					
Membership Number	<input type="text"/>					
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian/Asian <input type="checkbox"/>	White <input type="checkbox"/>	Other <input type="checkbox"/>	Do not want to disclose race <input type="checkbox"/>
<i>You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to request information. It will be used for statistical purposes.</i>						
ID or passport number	<input type="text"/>	Country of issue	<input type="text"/>			
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

2. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>					
First name(s)	<input type="text"/>							
Surname	<input type="text"/>							
Membership number	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>

ID or passport number

Telephone (H)

Telephone (W)

Cellphone

Relationship to main member

3. How we can communicate the decision to you

Telephone Email Post

Details of above

4. Income and expenditure statement (member to complete)

4.1 Monthly income and expenses

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

Bond/rent	R
Municipal rates and taxes (attach last rates and taxes)	R
Electricity and water	R
Telephone	R
Hire purchase payments (please specify)	R
1.	R
2.	R
3.	R
4.	R
Insurance premiums	R
Transport	R
Domestic and garden help	R
School/college/university fees	R
Groceries	R
Clothing	R
Other	R
Total expenditure	R
Net income	R
Net cash surplus or deficit	R

4.2 Statement of assets and liabilities

Assets	Value	Liabilities	Value
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4.2 Statement of assets and liabilities

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

5. Ex gratia request

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

5.2 Diagnosis

Date of diagnosis

Y	Y	Y	Y	M	M	D	D
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5.3 Costs involved (rand value)

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

5.4 Reason for ex-gratia request

- Please explain why you are applying for an ex-gratia consideration

I _____

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

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

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

Office check

Member details

Request

Financial

Cost

Reason