Because Your Health Matters

ALLIANCE-MIDMED MEDICAL SCHEME

DISPUTE FORM

When should this form be used?

Beneficiaries of Alliance-Midmed Medical Scheme may, in terms of the Medical Schemes Act 131 of 1998, complain to the Council for Medical Schemes, relating to any matter concerning their medical scheme cover for example should they feel that they have been unfairly treated or their rights have been violated.

Members of Alliance-Midmed may also lodge written complaints to the Alliance-Midmed in accordance with the Rules of the Scheme. This form facilitates the internal process and should be completed when lodging a complaint. It must be submitted to The Disputes Committee, Alliance-Midmed Medical Scheme. If you have not raised the issue with us before, we will first attempt to resolve the matter before it is formally submitted to the Disputes Committee. A copy of the Alliance-Midmed Disputes Committee Charter can be obtained at www.alliancemidmed.co.za or by calling the Scheme on 0860 002 101.

What will happen to this form?

This completed form will be submitted to the Principal Officer, who will facilitate the complaints and/or disputes process. In terms of this process the Principal Officer must respond in writing to the complainant, within 30 days of receiving the written complaint.

If the Principal Officer has already responded and the complaint remains unresolved, the member may request the Principal Officer in writing to refer the matter to the ***Alliance-Midmed Disputes Committee****. This Committee will decide on the procedure to be followed and the manner in which to hear the case. It may include a hearing, where the complainant and the Scheme will be entitled to present their cases.*

All aspects of this process are confidential.

Details of Complainant

1. Full name of complainant: _____
(The complainant must be the Principal Member)

2. Membership number: _____

3. The affected person is the: Principal Member ☐ or Registered Dependant ☐

   If the affected person is a dependant, please provide his/her full name:

   _____
   (Full Name)

   Dependant status: Adult Dependant ☐ or Child Dependant ☐

4. Contact details of complainant:

   Telephone number: _____ Fax number: _____

   E-mail address: _____

   Postal address: _____

Details of complaint

5. Has the issue been raised before? Yes ☐ No ☐

   If yes, when was it raised? Date: _____

   Name of person who dealt with the issue: _____

   Contact details of the person who dealt with the issue (if available): _____

6. Please indicate what the complaint is about:

Accounts for health services (doctor, hospital, etc.) not paid	☐
Unfair treatment by the Scheme or administrator	☐
Medicine not approved	☐
Pre-authorisation not provided	☐
Approval of pre-authorisation, but later withdrawn	☐
Co-payment levied	☐
Miscommunication of information / benefits	☐
Criteria applied to admit a dependant	☐
Termination of membership	☐
Suspension of benefits	☐

Other (please specify): _____

7. Please indicate whether the matter is **urgent**, and if so, please provide reasons for the urgency:

_____

_____

_____

8. Please provide all details in relation to the complaint:

   Please provide all relevant information, including when the issue arose, what you did, the names of people you might have spoken to, dates on which various events occurred, what was said or done, etc. Attach a separate sheet if there is not enough space on this form.

_____

_____

_____

_____

_____

_____

_____

_____

_____

9. Please attach copies of all letters, e-mails or other relevant documentation in support of the complaint to this form.

Signed at _____on this _____ day of _____ 2_____.

_____

Signature of principal member

For Official Use Only:

Date of Receipt of Complaint:_____

Received by:_____ (Full Name)

Signature: _____