Contact centre: 0860 002 101
General enquiries: service@alliancemidmed.co.za
Authorisation enquiries: auths@alliancemidmed.co.za
Clinical enquiries: clinical@alliancemidmed.co.za
www.alliancemidmed.co.za

ALLIANCE-MIDMED MEDICAL SCHEME

APPLICATION FOR EX GRATIA BENEFITS

PLEASE NOTE:

- Submission of this form must be done according to the "Procedure and Rules Application for Ex-Gratia Awards.
- This application does not guarantee approval of an Ex Gratia award or that the Scheme will accept liability for payments. Amounts owing to service providers for which this Ex-Gratia application may have been submitted, remains the member's responsibility.
- The Ex Gratia Committee may authorise payments at their absolute discretion provided they are satisfied that medical necessity is evident and/or significant financial hardship exists.
- The Ex Gratia application will not be submitted to the committee should any section of this form or Annexures be incomplete.

Basis for this request (tick a block and attach supporting documents where necessary):					
Financial hardship		Exceptional Circumstances		Rare procedure	
Name of main member					
Name of patient					
Membership number					
Scheme join date				Date of application	
Telephone number				Fax no	
Postal address					
				Code	
Number of dependants		Ages of dependants			

INCOME & EXPENDITURE STATEMENT (MEMBER TO COMPLETE)

Net monthly income	Member	R	Spouse	R
Monthly expenditure	Bond/rent	R	Municipal rates & taxes	R
	Electricity & water	R	Telephone	R
	Hire purchase payments	R	Insurance premium (s)	R
	Transport	R	Domestic & garden help	R
	Groceries	R	Clothing	R
	Other	R	Net cash surplus/deficit	R
Statement of	**Assets**		**Liabilities**	
	Value of property owned	R	Bond owing	R
	Details:		Bank/overdraft	R
	Shares & Investments	R	Loans	R
	Cash in bank	R	Debtors	R
	Other significant assets	R		
	Total	R	Total	R

I _____ the undersigned, hereby certify that the information disclosed in this document is true and correct.

_____
Signature

Date | D | D | M | M | Y | Y | Y | Y |

PROOF OF INCOME

Should the Pension Fund Administrator be unavailable, a copy of a recent Pension Slip/Tax Return will be acceptable in the case of pension applications - alternatively please have the following completed by a Payroll Administrator.

Name of Company: _____ we confirm that _____
_____ is/was employed by us and receives/received a Gross Salary/Pension of R _____
per month.

Length of the service with company _____ years _____ months.

Recommendation by employer:

_____
_____
_____
_____

Company/fund stamp:

NB: Failure to disclose full information, or submission of false statements could result in benefits being limited or excluded and/or membership being terminated.

_____
Signature

_____
Name in block letters

_____
Designation

Date | D | D | M | M | Y | Y | Y | Y |

CONFIDENTIAL MEDICAL REPORT (to be completed by a medical practitioner/specialist)

Should the practitioner/specialist wish to return this report directly to the Scheme, it can be faxed confidentially to: 086 762 4050

1. Ex Gratia application report

How long have you been involved in the medical care of this patient? _____

2. Details of additional benefits and amounts requested (attach quotations)

3. Medical history

Past examinations/diagnosis/severity/prognosis/functional status

4. Present occupational status

5. Lifestyle/dietary issues/advice given

6. Treatment plan & medication required

7. Compliance relating to medical advice or treatment

8. Medical practitioner/specialist's assessment as to why this case should be regarded as an exceptional medical circumstance that cannot be managed within the members allocated benefits

Medical practitioner/specialist's name: _____

Practice no _____

Signature _____

Date

D	D	M	M	Y	Y	Y	Y