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EX GRATIA APPLICATION FORM

PLEASE NOTE: Ex Gratia payments are discretionary benefits that fall outside the registered rules of the Scheme.

Date of application:

C	C	Y	Y	M	M	D	D
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Basis for your request:

Financial hardship	Exceptional circumstances	Both
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Section A - MEMBERSHIP DETAILS:

Name of Member:

Scheme Option: Age:

ID Number:

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BENEFICIARY/PATIENT DETAILS:

Name of Beneficiary/Patient:

Dependent Code: Date of Birth:

C	C	Y	Y	M	M	D	D
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 Number of Dependents:

Postal Address:

Tel no (Home):

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 Tel no (Work):

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Cell Number:

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 Fax Number:

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E-mail Address:

Section B - MEMBER REPORT (to be completed by the main member)

How long did you or your dependant suffer from this condition?

C C Y Y M M D D

DIAGNOSIS:

Medical Diagnosis:

Comments: (Severity & prognosis)

MEDICAL/SURGICAL HISTORY

History: (Past examinations/Diagnosis/Procedures/Functional Status)

TREATMENT REQUIRED/WHY DO YOU BELIEVE PLATINUM HEALTH SHOULD APPROVE THIS REQUEST?

Section C - MEDICAL REPORT (to be completed by a registered medical service provider)

How long have you treated the patient?

C C Y Y M M D D

DIAGNOSIS:

Medical Diagnosis:

[Dotted box for Medical Diagnosis]

ICD 10 Code:

[Dotted box for ICD 10 Code]

Comments: (Severity & prognosis)

[Large dotted box for Comments]

MEDICAL/SURGICAL HISTORY

History: (Past examinations/Diagnosis/Procedures/Functional Status)

[Large dotted box for Medical/Surgical History]

TREATMENT REQUIRED/WHY DO YOU BELIEVE PLATINUM HEALTH SHOULD APPROVE THIS REQUEST?

[Large dotted box for Treatment Required]

DOCTORS ASESMENT AND OPINION ON THE EXCEPTIONAL MEDICAL CIRCUMSTANCES TO BE CONSIDERED

[Large dotted box for Doctor's Assessment]

Doctor's Name:

[Dotted box for Doctor's Name]

Signature:

[Dotted box for Signature]

Practice nr:

[Dotted box for Practice nr]

Date:

C C Y Y M M D D

Tel no:

[Dotted box for Tel no]

Fax Number:

[Dotted box for Fax Number]

E-mail Address:

[Dotted box for E-mail Address]

Section D - FINANCIAL DISCLOSURE (to be completed by the member)

Gross Household Income and/or Pension per Annum (including wife/partner)

R0-R50K R50-R100K R100-R300K R300-500K R500-R750K R750K+

Number of family members who contribute to the household income: 1 2 3 4

Who is the breadwinner?:

Principal Member Band (category)

Note: The Scheme requires the following supporting documentation to confirm financial information:

Payslip 3 Month's bank statements

GENERAL COMMENTS

Note: The Scheme reserves the right to ask for documentation that can confirm information captured in this form. Incorrect information that materially changes the application will be met with decisive action.

By my signature below, I agree to give Platinum Health consent to process my (and where applicable, my dependant's) personal information in terms of the Protection of Personal Information Act (No. 4 of 2013) for purposes of assessing and adjudicating this Ex-Gratia application. I confirm that I am legally competent to provide my dependant's personal information. Details of Platinum Health's privacy practices are set out in the Platinum Health privacy policy (located on Platinum Health's website).

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

Full Name:

Signature:

Date: C C Y Y M M D D